CNECK #3684)

State of New Jersey HOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8-60 and 12.1201 vame of Building Owner Operator (2 Date of Notification Type Hotificato Stee Address Agencies Nothed 73 PA 90 OOL 立 ma Cky State Zo C∞e Amended Amendmen: # Emergency including Name of Contact iustification ☐ 30H ☐ 884. Cancellation = - 11 -FACILTY INFORMATION roe of Facility 14 Name of Facility Where Abatement is Taking Place 3 RES DERCE 5 shoot (K-12: Subchapter 8 (Other in K-12) Other (i.e., private & Street Address nmercial buildings. nomes, etc.) Square Fee! # of ISLE CITY (emoished) Current Use (Prior if beir Court Cope County (6) ~ VACAN . SE DAL! Contractor (9) Name of Abatemen 1504 V: Hired by Building Owner Name of Monitoring Firm (8) Stee: Address Street Address 3695,5 PRULEA State, Zip Code 0005 Chy State Zip Code MOPLE elephone No elebrone , K Project Manager for Montibring Firm 856-779-0472 Yame of O.S.TA Monitor Scheduled Completion Date Start Date 10: BSEPL 4/18 15 4/12/15 Stee Address Occupancy Status During Abatement (Check only one 369 Tradity Closed/Vacated During Entire Period of Abatement Abatement Performed Duiside of Normal Facility Hours
 Other - Describer Ch: State Zio C∞de MATLE 1. DD c Scope of Work (Check all that apply Full Containment with Negative Pr = Mu-E-code.e Renovation 23 st or 23 th 2160 st or 2260 " Slovebag Procedure ₹ Dêwara poedure Non-Exempled (') and Non-Friable Abater 5 . oca ' o" TYF womah Description of ses Soleh Dr Aspes os Containing Material (ACM) cocalion of wartenance e tramai systems insulation suradion Asbestos-Containing Wallena ACM (Spt ೦ಡ:೦೦ಅ ೧೯೯೯ SFO TO BE ABATED is Factor one: miscellaneous, . 2 .3. 200 PANSITE SIDING Name of Registered La Quo o Yards COEP Hase Name of Registered Waste Haule Haver Che of maste M. C.t Sposa Date SHADE Signature Completed By JOSEPH

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

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Date of Notification (1)						wner/Operator (2 OHME CORPORA	The second second				
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DEP X A	itial Notifion mended Nancellation n Hold	Votifica	tion #2	KEN	State, Zip Code ELWORTH, NE e of Contact	W JERSEY 0703	3	Number			2000 S
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KENILWORTH Name of Monitoring Firm Hired by ENVIRONMETAL HEALTH INVEST Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPAR Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Expected State Date (10) 3 / 30 //1 Month Day Year Occupancy Status During Abatement X Facility Closed/Vacated Abatement Performed Co	ounty (6) NION / Building / Build	JERSE JERSE JERSE Mon' only or	er (8) FY 07871 Felephone 73-729-5 Comple 8 / th ne) riod of All Facility DAY 7All	Cour (STATi	15 Year cribe: Full Conta	Type of Facility School (K- Subchapte X Other (ie.) Square Feet 115,000 Current Use (Pri VACANT Name of Abater PAR ENVIRONN Street Address 313 SPOOK RO City, State, Zip C SUFFERN, NEV Telephone Num 845-369-7500 Name of OSHA QUALITY ENVIF Street Address 1376 ROUTE 9 City, State, Zip C	or 8 (Other that private & com # of Floor 3 for if being de ment Contract MENTAL COFE CK ROAD Code V YORK 1090 ber L Monitor RONMENTAL	emolishe ctor (9) RPORAT	d)	Blc	l/ge
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FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Hauler	ID No. 5939		80	LYCOMING COL 447 ALEXANDER	JNTY RESOL		ANAG	EMEN	ERVICES
City, State FREEHOLD, NEW JERSEY				Disposal D 3/30/15 - 8		MONTGOMERY	. PA 17752		1.	,	
Completed by (Print or Type)	Title	3700	05.005		Signature	XX		ate (101	7
BENJAMIN SANCHEZ	DIKE	TIOK	OF OPE	RATIONS	10	// X /\			7/	171)

Date of Notification (1)			Na	ame of	Building C	wner/C	Operator (2	2) ~ (n A 1958	35 10	Ī	2 7	(1000
41010			-		170.	1.7	. And A	SHE ISU		_		74		
Agencies Notified Type	e Notification		Si	reet Ad		200		7						
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☐ DCA ☐	Cancellation		E	ric Pla	ackis				1 : 2					
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Name of Facility Where Abate	ment is Taking	Place (3)						Type of Facility	(4)					
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Street Address								3ox 915						
City, State, Zip Code								ate, Zip Code	00722					
								New Jersey						
Project Manager for Monitorin	g Firm		T	elephor	ne No.		Telepho		Li	ise No	•			
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Start Date (10)		Scheduled	Comp	letion [Date (11)		Name o	f OSHA Monito	Г					
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Occupancy Status During Aba	atement (Check	Only One)				Street A	ddress						
Facility Closed/Vacated	During Entire Po	eriod of Ab	ateme	ent										
Abatement Performed O	utside of Norma	al Facility F	lours				City, Sta	ate, Zip Code				1-1-5		
Other – Describe:														
Scope of Work (Check All Tha	at Apply)			-						-				
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

A	Date of Notification (1)					Name	of Building	g Owner/Operator (2)		-				
DOLVD	4 /	13/	15			Had	ckensack	University Med	ical Center of F	Pascack	lley				
DDLVD		Type Noti	fication			Street	Address								
DRSS DCA Company (Including Justification) Cancellation						250	Old Hoo	k Road		201 IZ.					
DCAC						City, S	State, Zip C	Code	-						
Date			77												
Cancellation Barry Mousa FACILITY INFORMATION Type of Facility (4) School (K-12) S				cluding						Telepho	Numb	er	_		- 1000
Name of Facility Where Abatement is Taking Place (3) Hackensack University Medical Centerof Pescack Valley-Emergency Room School (K-12)										Giophio	rvairio	J.			
Street Address Stre						FA	CILITY IN	FORMATION							
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Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Superior Abatement Inc	Westwood								423,240	6			51		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates Inc Street Address \$15 Grove Street Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Llyod Start Date (10) Q4 / 15 / 15 Q5 / 08 / 15 Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Project Manager for Monitoring Firm Alan Llyod Start Date (10) Q4 / 15 / 15 Q5 / 08 / 15 Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Project Manager for Monitoring Firm Alan Llyod Start Date (10) Q4 / 15 / 15 Q5 / 08 / 15 Superior Abatement Inc Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006 Street Address 2 Henderson Drive City, State Nom-Exempted (*) and Non-Friable for Non-Exempted (*) and Non-	County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being	molish	ned)			
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Street Address Str	Name of Monitoring Firm H	lired by B	uilding C	wner (3)	ASCM	No.	Name of Abateme	ent Contractor (9)		2				
Street Address \$15 Grove Street Suite 1B City, State, Zip Code Haddon Heights, NJ 08035 Project Manager for Monitoring Firm Alan Llyod Start Date (10) Q4 / 15 / 15 Q5 / 08 / 15 Superior Abatement Inc Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normall Facility Hours - Describe Time of Abatement T.200 AM-3:30 PM/ PM- AM Abatement Performed Outside of Normall Pmonition Demolition Description of Abatement (Lecation of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Custodial Staft Custodial Staft	Pennoni Associates	Inc				0010	02		8 6						
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Project Manager for Monitoring Firm	City, State, Zip Code							City, State, Zip Co	ode						
Alan Llyod (856) 547-0505 (973) 808-1616 004								II, NJ 07006							
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Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7:00 AM-3:30PW PM—AM ☐ PM—AM ☐ PM—AM ☐ PM—AM ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 if ☐ Closedion of Abatement: ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Description of Abatement with Negative Prese Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable of Normally ☐ Secondarining Material (ACM) ☐ Secondarining Material (ACM) ☐ Normally ☐ Used Solely by Maintenance/Custodial Staff? ☐ (12) ☐ Yes No N/A ☐ St Floor Emergency Area ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		4.5													
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30PW PM- AM								Street Address							
Time of Abatement: 7:00 AM-3:30 PM/ PM- AM West Caldwell, NJ 07006 Scope of Work (Check all that apply)								2 Henderson	Drive						
Scope of Work (Check all that apply) 3 sf or ≥3 lf	Lime of Abatement: 7:	Outside of	Normal 30PM/	Facility	Hour	s - Des	cribe	City, State, Zip Co	ode						
⊇ 3 sf or ≥3 lf							/1	West Caldwe	II, NJ 07006						
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NICK Petrovski President /h, // #/ \\ \A_1/\alpha \\ \\ \- \(\frac{7}{2} - \(\frac{7}{2}\)		e)	I WEST					Signature	1 1	11	Date				
	Nick Petrovski		Pi	eside	nt			Man	h list	1/4	14	-/	3-	15	

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

From:

page 1

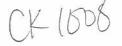
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State of New Jereev NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:18) Date of Notification (1) Name of Building Owner/Operator (2) 4 13 ...1 15 Hackenasck University Medical Center of Pa Agencies Notified ype Notification Street Address R EPA 图 Initial 250 Old Hook Road DOLWD Amended City, State, Zip Code DHSS Amendment # Westwood, NJ 07675 DCA Emergency (including (NJAC 0:23-8) lustification) Name of Contact elephone Number ☐ Cancelistion BELTY Mousa FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Feolity (4) Hackensack University Medical Conterof Peacack Valley-Emergency Room School (K-12) Street Address Subchapter 8 (Other than K-12) 250 Old Hook Road Other (i.e., private and commercial ! homes, etc.) City (5) Square Feet # of Floors Westwood . Age 423,240 6 County (6) County Code (7) STATE USE ONLY Current Use (Prior If being demolished) Bargen Hospital Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Name of Abatement Contractor (9) Pennoni Associates inc 00102 Superior Abatement Inc Street Address Street Address 515 Grove Street Suite 1B 2 Henderson Drive City, State, Zip Code City, State, Zip Code Haddon Heights, NJ 08035 West Celdwell, NJ 07008 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Alan Llyod (888) 547-0505 (973) 808-1616 00411 Start Date (1D) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 15 / 15 05 / 08 / 15 Superior Abatement Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive Abatement Performed Outside of Normal Facility Hours - Describe Time of Abalement: 7:00 AM-3:30 PM PM- AM City, State, Zip Code West Caldwell, NJ 07008 Scope of Work (Check all that apply) B Full Containment with Negative Pressure ≥3 af or ≥3 ff
 ≥160 af or ≥280 if Renovation Wank-Enclosure ☐ Demoiltion Glovebag Procedure Non-Exempted (") and Non-Friable Procedure E Location Location of Normally Ab mont Type Description of Used Solely by As bestos-Containing Material (ACM) Asbestos Conteining Materiel (ACM) (i.e., thermal systems insulation, Encapsulate וחטטחנ Enclosure TO BE ABATED Maintenance (Specify SF or LF) Custodial Steff? IN Facility surfacing, VAT, or (12) (13) other miscellaneous) Yes No N/A 1at Floor Emergency Area Drywall/Joint Compound X 38,750 SF X Mame of Registered Waste Hauler NJDEP Waste Cubic Yarde of Name of Registered Landfill Service Transport Group, Inc. Hauler ID No. Waste Minerva Enterprises 300 CITY, State Disposal Date City, State New Castle, DE 5/8/15 Weynesburg, OH Completed By (Print or Type) Title Signatus Nick Petrovski President

ASB-41 MAY 11

* Do real use this form for asbesios licensure exempled activities.



JAN 13

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)					Name	of Buildin	g Owner/Operator (2	2)		200			
4/	14/	15			Mar	yann Ro	odda						
Agencies Notified	Type Notif	ication			Street	Address				_			
⊠ EPA					20	rchard S	treet			7 5 -			
A STATE OF THE STA	☐ Amend				City, S	State, Zip (Code			_			
⊠ DOH		ment #_			***************************************	**************************************	ale, NJ 07403						
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(NJAC 5:23-8)	☐ Cancel					yann Ro	35		releptic	INGITIDO	51		
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Name of Facility Where Ab	natement is	Taking	Place	(3)	173	JILIT I	II OKWATION	Type of Facility (4)				
Residential House	outomorn, it	, raking	1 1000	(0)				School (K-12	277				
Street Address								Subchapter 8		K-12)			
2 Orchard Street								Other (i.e., pr		mmerc	ial build	ings,	
								homes, etc.)			T BI I		
City (5)	7402							Square Feet	# of FI	S	Blag	. Age	
Bloomingdale, NJ 0	7403												
County (6)					Cour	ity Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being	emolish	ied)		
Passaic							ii Name of the State of the Sta						
Name of Monitoring Firm F	Hired by Bu	uilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions					4		ALL PRO MA	NAGEMENT LI	_C				
Street Address			86				Street Address			6			
P.O. Box 1224							27 Outwater	Lane					
City, State, Zip Code					72. 374.053		City, State, Zip Co	ode					
Union, NJ							Garfield, NJ	07026					
Project Manager for Monito	oring Firm			Tele	phone	No.	Telephone No.		Licens	10.			
Rick Eustaquio				97	73-494	-3762	973-928-4888	-	118				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA M	Monitor		-			-
4 / 24 /	15	0	6 /	01	/	15	ALL PRO MA	NAGEMENT LI	_C				
Occupancy Status During	Abatement	t (Check	only o	ne)			Street Address						
☑ Facility Closed/Vacated		15	50.0		ment		27 Outwater	Lane					
Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement:	AM	PI	Λ/	_PM-		AM	Garfield, NJ						
Scope of Work (Check all	that apply)						ournord, No	07020		-			
			п-					tainment with Neg	ative Pre	ire			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re De De Re De Re Re				☐ Mini-Enc	dosure g Procedure					
2 _ 100 01 01 _ 200 11				monta	,,,		Non-Exe	mpted (*) and Nor	n-Friable	cedure	•		
				Locat							Abat	ement	Туре
Location of	Service of the service of			Norma		İ	Description of		22	0.00	70	zo m	m
Asbestos-Containing N TO BE ABAT		SM)		intena			estos Containing Ma e., thermal systems		Am (Sp	nt y	Remova	Encaps	nclo
IN Facility			Cust		Staff?	(1.0	surfacing, VAT		SFc	F)	ova	Encapsulate	Enclosure
(13)			V	(12)	N1/A	-	other miscellane	ous)				ate	0
D			Yes	No	N/A	D: 1			401		F2 [7 6	
Basement			Ш	Ш		Pipe in	sulation		102	F			
			П	П							П		
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Nome of Desisters J.M. 1	a Herrica					Masta	Cubic Vanda of	Nome of Day	torod I ==	_			
Name of Registered Waste				100	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis		П			
All Pro Management	LLC			1.	00348		As Needed	IESI Landfi	Н				
City, State							Disposal Date	City, State					
Garfield, NJ							TBD	Bethlehem	, PA				
Completed By (Print or Ty	pe)	Title	9				Signature	ſ		Date		1.	
Allen Monchik		P	roject	Man	ager		1/9/6	1		4	1/14	115	
					-			/			6	-	

* Do not use this form for asbestos licensure exempted activities.

			(Fui:	Sualit to NOAC						-	
Date of Notification (1)					ALL UNIVE	wner/Operator (2	2)		H	- 5	1 1
	45					NOTE 1		,		_	14 941
4 / 14 Agencies Notified Type	15 Notificatio			Street Add		E AVENUE				W- 44	
EPA X DEP X DOL X DOH	Initial Noti	fication Notificatio	n	City, State	, Zip Code RANGE, N	EW JERSEY 070		mhar	·i	_	
DCA C	-	NCY NOTI	FICATION	PATRICK	DECELESI	<u> </u>	Telephone Nur	nber	6.	1	
Name of Facility Where Abaten	ent is Tak	ing Place	(3)	FACILITY	INFORMAT	Type of Facilit	vr (8)	4.7mm			
SETON HALL UNIVERSITY			(0)			School (K Subchapte	0.000000		s homes	:.)	
Street Address 400 SOUTH ORANGE AVENUE						Square Feet N/A	# of Floors N/A	T *	В	Age	
City (5)	County (6	3)		County Co	ode (7)	1000000	rior if being demo	lished)		
SOUTH ORANGE	ESSEX			(STATE US		SCHOOL			D)		
Name of Monitoring Firm Hired OMEGA ENVIRONMENTAL	by Buildir	ng Owner	(8)	A	SCM No. 17		ment Contracto		ON		
Street Address					17	Street Address	WENTAL CORP	SIGATI	ON		
280 HUYLER STREET				1		313 SPOOK RO					
City, State, Zip Code SOUTH HA	CKENSAC	K NEW I	EDGEV 07	ene		City, State, Zip SUFFERN, NEV					
Project Manager for Monitoring F			ephone Nu	5007000		Telephone Num		nse N	umber	-	
ANTON REZIN			-489-8700			845-369-7500	110				
Expected State Date (10)				n Date (11)	10	Name of OSHA					
5 / 27 Month Day Y	/15 ear	Month	9 / 30	/ Dav	15 Year	QUALITY ENVI	RONMENTAL SO	OLUTI	ONS & TE		
Occupancy Status During Abater X Facility Closed/Vacate Abatement Performed X Other - Describe:	ed During E Outside o	Intire Perio	acility Hou	rs - Describe		Street Address 1376 ROUTE 9 City, State, Zip	« 	S FALI	S, NY 12	-	
Scope of Work (Check all that ap Demolition >3SF OR LF X >160 SF OR 260	X	Renovation	on	X	Mini-Enclo	inment with Nega or, Procedure le Procedure					
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Loca normally solely Maint/Cu Staff Yes No	by stodial	Contai (ie. insulat	ription of As ning Materi Thermal sy- ion, surfaci ner miscella	al (ACM) stems ng, VAT,	Amount (Specify SF or LF)	REMOVAL	ENCAPSULE	nt Ty	/pe
EXTRIOR -BOLAND HALL		Tes No		PE INSULATI	ON	100	230 LF	x			
										3 	
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V (B)						G				s 	
Name of Registered Waste Hauli GLOBAL WASTE INDUSTRIES, 699 WASHINGTON ST., STE. 20	INC.	NJDEP V Hauler ID 2214	No.	bic Yards of \ 20	Waste	-110	EHEM LANDFILL				
City, State			Dis	sposal Date	/	City, State	TTER ROAD BE	T	ich se	-	
Completed by (Print or Type)	Title			7-9/30/2015 Sign	ature /	12335 APRILEBU	Date		1 ////	5	
BENJAMIN SANCHEZ	DIRE	ECTOR OF	OPERAT	IONS	/	//X/)		,	11141)	



Separation Type Notification Street Address Sewastington Avenue City, State, Zig Cade Morristown, New Jersey 07960 Name of Facility Where Abatement is Taking Piace (3) Reality Where Abatement Contractor (4) Reality Where Abatement Contractor (5) Reality Where Abatement Contractor (6) Reality Where Abatement Contractor (7) Reality Where Abatement Contractor (8) Reality Where Abatement Contractor (9) Reality Where Abatement Contractor (9) Reality Cheek Whooliand Park, New Jersey (7083) Reality Where Abatement (7) Reality Cheek Chily Take Abatement (7) Reality Cheek Chily Take Abatement (7) Reality Cheek Where Abatement (7) Reality Cheek Chily Take Abatement (7) Reality Cheek Where Abatement (7) Reality Cheek Chily Take Chily Cheek Chily Take Chily Cheek Chily Take Chily Cheek Chily Che	Date of Notification (1) 04/14/15	86 \$200				Building C		perator	(2)	10.00.00			7.5				
Intitial DEP	Agencies Notified			1 2		7) T 1 (T) T 1 (T)	Aven	ue					-				7
DOH	DEP	Amended	#		City, Sta	te, Zip Coo	de		960								2
Name of Facility (Niere Abatement is Taking Place (3) Street Address Site Address County (6) Morristown, New Jersey 07960 County (7) County (8) Morristown, New Jersey 07960 County (9) Morris Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address Street Address Street Address City, State, Zip Code Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No. Street Address Street Address Street Address Street Address City, State, Zip Code Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No. Street Address City, State, Zip Code Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No. 973-225-8400 10 424 In Anne of SSHA Monitor Abatement Contractor (9) In Asserting Visit Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State Name of Registered Waste Hauler Na		justification)					as				Tele	ephc	Num	ber			
Residence Schedul (Arch) Schedul (Arch) Street Address Soft (Arch) Street	None of Facility Miles	A 5 - 4 4 i - T - 1 i -	- DI (0)		FACI	LITY INFO	RMAT	ON	7	-4 E - 104 /4		_					
Size Address Gives Address City (5) Morristown, New Jersey 07960 County (6) Morris Size Address County (6) Morris County (7) Morris County		Apatement is Takin	g Place (3)						-								
Square Feet # of Flo 2,000 2 55+	나스랑, 전 후, 얼마 아버지 아픈 프랑스	enue							X S	Subchapter & Other (i.e. pr	8 (Othe				dings,	hom	es,
Morris ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lillich Corporation		ersey 07960							Squar	e Feet	1000	f Flo		100		ge	
City, State, Zip Code								_			r if bei	ng d	olishe	ed)			
City, State, Zip Code Woodland Park, New Jersey 7424 Project Manager for Monitoring Firm Telephone No.	Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.					tractor	(9)					
Value Valu	Street Address		***************************************								e						
Project Manager for Monitoring Firm	City, State, Zip Code	1									w Jer		7424				
Start Date (10) 04/25/15 04/25/15 04/25/15 04/25/15 04/25/15 05/25	Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph	none No).		Lic	e No				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM Start Scope of Work (Check All That Apply) ≥ 33 for ≥3 if ≥ 160 sf or ≥260 if Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 Full Containment with Net Minl-Enclosure Glovebag Procedure (*) and Normally Used Solely by Maintenance/ Custodial Staff? (*12) To BE ABATED					pletion I	Date (11)		Name	of OSH	IA Monitor	Labs						
Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM Start City, State, Zip Code Union, New Jersey 07083 Cope of Work (Check All That Apply) ≥ 23 sf or ≥3 if ≥ 160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Performance/ Custodial Start? (12) Yes No N/A Basement including closet Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation 100 L Name of Registered Waste Hauler Lillich Corporation Name of Registered Waste Hauler Lillich Corporation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Pipe Insulation 100 L X Insulation Normally Used Solely by Maintenance/ Custodial Start? (12) Yes No N/A Secretary Abatement Type Abateme	Occupancy Status Durin	g Abatement (Ched	k Only One)					Street	Addres	S	-		_				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 150 sf or ≥250 lf Secondarian Pull Containment with Net Mornish Pull Conta	Facility Closed/Vac	ated During Entire	Period of Ab	atem	ent						t		_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Other - Describe:	7AM Start	nai i aomity i i	-							0708	3					
Second Demolition Demolit		All That Apply)							7								
Non-Exempted (*) and No riable Procedure	[17] The state of		NAME AND ADDRESS OF THE PARTY O						Min	i-Enclosure			ve Pr	essu	re		
Is Location of Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A Pipe Insulation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Pipe Insulation N/A N/A Pipe Insulation N/A N		0						Ž		vebag Proce n-Exempted	edure (*) an	d Nc	riable	e Pro	cedur	е	
Completed by Comp			10000000								- CO - CO						t
Name of Registered Waste Hauler Lilich Corporation City, State Woodland Park, New Jersey 07424 Completed by Title Signature City State Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or I Registered SF or I Registered Regis			Used	Sole	ly by	Asbest				(ACM)	А	mou			.,		
Basement including closet X Pipe Insulation 100 L X Name of Registered Waste Hauler Lilich Corporation NJDEP Waste Hauler ID No. 18724 Disposal Date Woodland Park, New Jersey 07424 Completed by Title Signature Date	TO BE AB	ATED	Custoo	iial S			thermal	system	s insula		(5	Spec		Ren	Re	ncap	End
Basement including closet X Pipe Insulation 100 L X Name of Registered Waste Hauler Lilich Corporation NJDEP Waste Hauler ID No. 18724 Disposal Date Woodland Park, New Jersey 07424 Completed by Title Signature Date				12)	1									ioval	pair	sulat	sure
Name of Registered Waste Hauler Lilich Corporation City, State Woodland Park, New Jersey 07424 Completed by Name of Registered Idfill Name of Registered Idfill Cubic Yards of Waste 2 Cubic Yards of Waste 2 G.R.O.W.S Lanc City, State Morrisville, PA Date					N/A								_			е	
Lilich Corporation Hauler ID No. 18724 Of Waste 2 G.R.O.W.S Lanc	Basement inclu	laing closet		X			Pipe	Insula	ation		10	00 L	_	X			
Lilich Corporation Hauler ID No. 18724 Of Waste 2 G.R.O.W.S Lanc													_				
Lilich Corporation Hauler ID No. 18724 Of Waste 2 G.R.O.W.S Lanc	Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered	ndfill				
Woodland Park, New Jersey 07424 Completed by Title O4/27/15 Morrisville, PA Date	Chartes to save			1 500		No.	3332	ste									
Completed by Title Signature Date		w Jersey 07424	*	1								Α					
	Completed by		Title	resid	dent		3	Signature	e ./.	20	5				5		



Date of Notification (1) 04/14/15 Ck # 358	35 \$2	00				f Building ny Cuzz		Operator	(2)						
Agencies Notified		tification			Street A	Address									
EPA DEP DOL	Am Em	ended endment ergency (#including	_	City, Sta Bound	Cedar C ate, Zip Co d Brook, of Contact	ode		08805	Tolor					
DOH DCA		ification) ncellation			Antho	ny Cuzz				1 1010+	aa Mu	mner			
Name of Facility Where A	Abatemen	t is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facility	(4)				-	
Residence									School (K-						
Street Address 1731 Cedar Crest R	Road								Subchapte Other (i.e. etc.)		ın K-1		ldings	, hom	ies,
City (5) Bound Brook, New	Jersey 0	08805							Square Feet 2,000	# of F	rs	21 2	3ldg. /	Age	
County (6)			***************************************		County (STATE	Code (7) USE ONLY)		Current Use (Pr	1,777	molisi				
Name of Monitoring Firm	Hired by	Building C	Owner (8)		ASCI			Name	Home of Abatement Co	ontractor (§				-	
Street Address									Corporation						
City, State, Zip Code								A CONTRACT CONTRACT	Address McBride Aven	ue					
		137 147							tate, Zip Code dland Park, N	ew Jers	0742	4			
Project Manager for Moni	toring Firr	m			Telepho	ne No.			one No. 225-8400		inse N	0.			
Start Date (10) 5/1/15			Schedule 5/2/	ed Cor	npletion	Date (11)		Name	of OSHA Monitor Environmenta						remarks at the
Occupancy Status During								Street	Address		_				
Facility Closed/Vaca Abatement Performe	ed Outside	g Entire P	eriod of all Facility	Abaten Hours	nent				Route 22 We	est					
Scope of Work (Check Al	AM Start					8	_		n, New Jersey	7 07083					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	i mar App	.· <u>.</u>		Renova Demolit				X	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	ative P		50750	e	
Location			1	Locati Vormal	ly		Do	scription					Abate Ty	emen pe	t
Asbestos-Containing I TO BE ABA In Facilit (13)	TED	ACM)	Ma	d Sole intena todial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	aining M	aterial (ACM) insulation, T. or	Am (Spi SF c	t <u>y</u> =)	Removal	Repair	Encapsulate	Endosure
Baseme	nt		Yes	No	N/A		- Ci							ite	Ф
Daseille	:111		-	X			Pipe	Insula	tion	60		X			
												-	-		
Name of Registered Wast Lilich Corporation	e Hauler	R		Н	JDEP W auler ID 3724		Cubic of Was		0.000.000.000.000.000	Registere W.S Lar	andfill				
City, State Woodland Park, New	Jersey	07424	the,					al Date /15	City, Stat	ie ville, PA					
Completed by Momo Glavatovic			Title Vice I	Presid)	Dai 04	e /14/1	5							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Data as National (4)		0										19 1	- OE	71 0	4/	10	
Date of Notification (1) 4 /	15	/ _	15			ı			C-0	ner/Operator (ship Board o			4.22	ć. ·	2	15	
Agencies Notified EPA	Type No		ation			S		Address 5 Prince	ton	Pike							
⊠ DOLWD	Ame					C	City, S	State, Zip C	ode			-	-	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-11	
☑ DHSS ☐ DCA	Amer		_				Lav	rencevil	le								
(NJAC 5:23-8)				ciuaing]	N	lame	of Contac	t			Teleph	Numb	er			
,	☐ Cano						Ber	Varnum	1			1	E1102/F10107F1	H-1000			
						-	EAG	NI ITV IN	EO	RMATION			-				-
Name of Facility Where A	hatemen	ie T	akino	Place	(3)		FAC	JILII IIV	rOr	RIVIATION	Type of Eacility	(4)	_				
Lawrence Townshi					100	DI	4~				Type of Facility ☐ School (K-12	7.00					
Street Address	p i ubiic	50	1001	i aciii	illes	ום	uy.				Subchapter		1 K-12)				
45 Princess Diane I	Lane										Other (i.e., p homes, etc.)	rivate and	mmerc	ial bu	ilding	JS,	
City (5)		7-3-5							.012		Square Feet	# of F	rs	BI	dg. A	ge	
Ewing																	
County (6)						T	Coun	ty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if bein	emolish	ned)			
MERCER																	
Name of Monitoring Firm	Hired by	Build	ding C)wner ((8)	AS	SCM	No.	Na	me of Abateme	ent Contractor (9)		-				
TTI Environmental											VIRONMENTA						
Street Address		_				1			-	eet Address		_,	-				
1253 N Church St									2000	123 BEAVER	STREET						
City, State, Zip Code		-								y, State, Zip Co			-				
Moorestown, NJ 08	057																
Project Manager for Moni		BRISTOL, PA 19007 Telephone No. Telephone No.										Licon	Vo.				
Mike Stocku	itoring i iii											Licen:	NO.				
Start Date (10)			ched	uled C				te (11)		me of OSHA M		000					
4 /16 /	15			4 /							VIRONMENTA	LINC					
								10_			VIKONWIENTA	L, INC.					
Occupancy Status During		(3)		150	557.0					eet Address							
☐ Facility Closed/Vacate ☐ Abatement Performed								oribo	- 2	123 BEAVER			_				
Time of Abatement: 7								cribe		y, State, Zip Co							
						TICK TO			Е	BRISTOL, PA	19007						
Scope of Work (Check all	that appl	y)								□ Full Cont	ainmont with No.	notive Dre	ıro				
≥3 sf or ≥3 lf				⊠ Re	nova	ation	1			☐ Mini-Encl	ainment with Neo losure	jative Pie	ire				
≥160 sf or ≥260 lf				☐ De	molit	tion				Glovebag							
				la.	1	-4'-					mpted (*) and No	n-Friable	cedure				
Location	of				Loca					Description				Ab	ateme	ent Ty	
Asbestos-Containing I		ACM)	Use	d So	lely	by	Asbes	stos	Description of Containing Mat		Am	nt	Re	Re	Ē	g
TO BE ABA	TED				inten todia				., the	ermal systems i	nsulation,	(Sp	y	Remova	Repair	cap	clos
IN Facilit (13)	ty			Ous	(12		2111			surfacing, VAT, her miscellaned		SF c	F)	'al		Encapsulate	Enclosure
(10)				Yes	No		N/A		Oti	nei miscellane	Jusj					te	
2 nd Floor Room 2017					\boxtimes			Floor til	e			120	F				
2 nd Floor Room 2017					\boxtimes			Mastic				160	F				
Ground floor Storage	Room				\boxtimes			Floor til	е			500	F				
Ground floor Storage	Room							Mastic				600	F				
Name of Registered Wast	te Hauler					NJE	DEP V	Vaste	Cub	oic Yards of	Name of Regis	tered Lar	1				
BRISTOL ENVIRON	MENTAL	_, IN	IC.				iler ID 8706		Wa	ste	G.R.O.W.S	. NORTI	ANDF	ILL			
City, State									Dis	posal Date	City, State						
BRISTOL, PA 19007	50										MORRISVI	LLE, PA	067				
Completed By (Print or Ty	rpe)		Title							Signature	0 0-	1 -0	Date	9,	,	_	
Brian Scafiro			Es	stimat	tor					Drian	Scafere	1-gl	4	15	1/13	5	

NO. (Pursuant to NJAC 8:60 and 5:16)

State of New Jersey	APPROL	D'NJPO
TIFICATION OF ASBESTOS ABATEMENT		15 50 5 1 5

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Date of Notification (1)						100000000000000000000000000000000000000			er/Operator (2		8	~					1
4/	15 /		15			Law	rence To	owns	hip Board o	of Educat	ion		VF 1		+-1		
Agencies Notified	Type Not ☐ Initial	ificati	on				Address	D	ilea								
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□ DHSS	Amen		nt#			100	tate, Zip C						Literal			· · · · ·	
□ DCA	⊠ Emerg			iding			rencevil	10.755					*1				
(NJAC 5:23-8)	justific		SS				of Contac				1	Telenhr	Numhe	r :			
	☐ Cance	ellatio	n			Ber	Varnum	1							-		
						FAG	CILITY IN	FOR	MATION								
Name of Facility Where	Abatement	is Ta	king F	lace (3)					Type of F	acility (4)					
Lawrence Townsh	nip Public	Scho	ool F	aciliti	es l	3ldg.				Schoo			14 461				
Street Address										Subch			K-12) mmerci	al hui	Idina		
45 Princess Diane	Lane										s, etc.)	ate and	MI III IOI OI	ui bui	idiiig	,	
City (5)										Square F	eet	# of F	'S	Bld	g. Ag	е	
Ewing																	
County (6)						Cour	tv Code (7	Y)/STAT	E USE ONLY)	Current L	lse (Prior	r if bein	emolish	ed)			\neg
MERCER							., (//-			•			- 25			
Name of Monitoring Fire	m Hirad by F	Ruildir	па Ом	mer (8	3 1	ASCM	No	Nam	ne of Abateme	ent Contrac	ctor (9)						_
TTI Environmenta		Juliun	ng Ow	nici (o	'	AGGIN	140.	11000000	RISTOL EN			INC					
	II IIIG.						(1/19)	-	et Address	VIICOIIII							
Street Address									123 BEAVE	D STDEE	т						
1253 N Church St								25,00			·!						
City, State, Zip Code									, State, Zip C								
Moorestown, NJ (1	RISTOL, PA	19007		T 1 2	N.				
Project Manager for Mo	nitoring Firr	n				ephone		100000000000000000000000000000000000000	phone No.			Licen	No.				
Mike Stocku						09-304		-	15-788-6040			004					
Start Date (10)	8 9.4	00000				etion Da			ne of OSHA N			1110	2				
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☐ Abatement Perform								City	, State, Zip C	ode							
Time of Abatement:	7:00AM-4:	30PI	M/	PN	1	AM		В	RISTOL, PA	19007							
Scope of Work (Check	all that appl	y)							20-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	ette was a ser sewan	******************						
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Completed By (Print or			Title						Signature				Dat		,	,	
Brian Scafiro	1967 - 60		Title Signature Brian Scofero /											415	115		

ASB-41 MAY 11 B S 15034

^{*} Do not use this form for asbestos licensure exempted activities.



A Service Disabled Veteran Owned Small Business TTI Environmental Incorporated 1253 N. Church Street Moorestown. New Jersey 08057 Tel: {

April 15, 2014

Mr. Tom Voorhees New Jersey Department Labor Asbestos Control & Licensing 1 John Fitch Plaza, 3rd floor Trenton, NJ 08625-0949

RE:

Request for Waiver of 10-Day Notification Emergency Asbestos Decontamination

Facilities Building 45 Princess Diana Lane Ewing, New Jersey 08638

Dear Mr. Voorhees:

The above referenced project is considered an emergency due to the fact that existing flo have become loose and/or damaged within various locations throughout the Facilities Bui existing floor tiles becoming loose and the tears in the linoleum, there is potential for this si an unsafe condition within the building. The existing floor tile and linoleum needs to be and/or stabilized to ensure the school district a safe work environment for all its employee

ing materials ng. With the ition to create operly abated

Location	Asbestos-containing Materials	Approximate Amount
Second Floor Room 2017	Asbestos Containing Floor Tile	1,200 Square Feet (To B Removed)
Work Area Containment	Asbestos Containing Floor Tile Mastic (Both Exposed and Associated With Existing Tile)	1,600 Square Feet (To E Encapsulated)
	Asbestos Containing Floor Tile	500 Square Feet (To Be Removed)
Ground Floor Room	Asbestos Containing Floor Tile	150 Square Feet (To Be Repaired/Stabiliz
1002-1015 Work Area Containment	Asbestos Containing Floor Tile Mastic (Both Exposed and Associated With Existing Tile to Be Removed)	600 Square Feet (To B Encapsulated)
	Asbestos Containing Vinyl Flooring	65 Square Feet (To Be Repaired/Stabiliz



Date of Notificatio	n (1) 4/1 Type No		n				ilding Ov rvidson		Operator (2)			Fil		-
Agencies Notified EPA DEP	x	Initial	Notif	y Notificat ication Notificatio	ion 142 E	State 8	h Aven & Zip Coo	de		3	7			100
X DOL X DOH DCA		Canc			Name	of Co	, NJ 077 Intact rvidson						Telephon	e Number
					FA	CILIT	Y INFO	RMA	ATION					
Name of Facility V Street Address	Vhere A	Re	side	Taking Placence	ace (3)		5		e of Facility (4) School (K-12) Subchapter 8 (Other (i.e., priv			puild	ings, home	es etc.
		172 -	Jian	on Ave					are Feet	# of Flo			Bldg. Age	
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City, State & Zip (Matawan, NJ 0									State & Zip Conroe Townshi		8831			
Project Manager f		toring F	irm		Telephone 732-290-		ber	Tele	phone Number -605-9062		L	nse	Number 0071	4
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City, State Trenton, NJ									Disposal Date 4/26/1		City, S	∍ ⁄n, F	D _a	
Completed By (Pr Dominick Tr		/pe)		Title Pres.					Signature Dominick			111, 1	4	Date 4/13/15

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)
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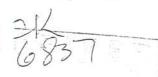
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Notice 4/10/15 Type Notification	s	Name of Bu	uilding Ow	ner / Operator	(2)			te le l			
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Date of Notification (1)	4/15/15	-	N	ame of B	uilding Owner	Operator (w, LLC /		Editor		-4-14	renterelité y		
Agencies Notified	Type Notification		; S					Dept. g	Alta o	WEU		-	5	
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FORMER D'ER	cor purs	. KY					☐ School (K-12 ☐ Subchapter 8		(-12)					
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City (5)							etc.) Square Feet	# of Fig	School Section	Blo	ig, Ac	16		
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Project Manager for Mon	itoring Firm		\neg	Teleph	one No.	Telepi	none No.	Li	se No.					
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Start Date (10) 4//5	5/15	Scheduled	Com 4/	Detion D	Services									
Occupancy Status Durin	ng Abatement (Che	ck Only One)			A 55 A 51	Address							
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City, State, Zip Code Newark, NJ 07105					"	isposal Day	Beth	ehem, PA	015					
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R. McDoneid		Preside	nt		Signature M. Januard Date 4/15/15									

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building C				2.6 554							
April 16, 2015			Behr Contracting Compan	У	2.6.55411								
[] DEP [] Amen	Notification ded Notification	Street Address City, State, Zip Cod	1973 Whitesville Road		ALL	4	-215	284					
[A] DOL	dment # gency (including		Toms River, NJ 08753				38 0	F 25					
[] DCA justific	cation)	Name of Contact	Tel	lephone	ımber								
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		CILITY INFORM											
Name of Facility Where Abatement is Taking I Residence	Place (3)		The second secon	Schoo	-12)	(other than k-12) rivate & commercial buildings, Bldg. Age 60 ned) ng, Inc. 61 ersey 08755-1271 se Number 24 11 ersey 08854 Pressure Abatement Type R R E E E N N N N N N N N N N N N N N N							
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450 Long Avenue						& com	imercia	il build	ings,				
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Manasquan	Monmouth	(STATE USE ONL)	Current Use (Prior if b		lished)		6	0	-				
N	Dr (8)	ASCM No.											
Name of Monitoring Firm Hired by Building C N/A	JWIICI (6)	ASCIVI NO.			cting, I	nc.							
Street Address			2002 September 1987	uto 0									
City, State, Zip Code				ute 9,	III OI								
			Toms Ri				55-12	271					
Project Manager for Monitoring Firm	Telephone Numbe	Г	732-349-9932)624										
Scheduled Start Date (10) 4/17/15	Scheduled Comple 4/20/15	etion Date (11)											
Occupancy Status During Abatement (Check of				lton 1									
The second secon	I During Entire Period of Ab Outside of Normal Facility F			EILOII I	10								
Other – Describe	outside of Normai Facility F	Tours		av N	/ Tersex	0884	54						
					-	0.000.000.000							
Scope of Work (Check all that apply)			LJ	vitn Ne	ve Press	ure							
[] >3 sf or ≥3 lf	[] Reno	vation	L 1	re	r 8 (other than k-12) , private & commercial buildings, 2.) rs Bldg. Age 60 blished) cting, Inc. nit 61 v Jersey 08755-1271 zense Number)624 ical ad v Jersey 08854 ve Pressure Abatement Type unt 8y SF								
[X] ≥160 sf or ≥260 lf	[x] Demo	olition	[x] Non-Exempted (*)	and N	riable P	rocedur	e						
						Abate	ment	Гуре					
	Is Location					0.000			1				
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		Material (ACM)			100000		10.25	199003				
TO BE ABATED	Maintenance/Custodia		., thermal systems				Α	Α	L				
in facility (13)	Staff (12)	ins	ulation, surfacing, VAT, or				1500	22300	333.7				
(13)	(12)	oth	ner miscellaneous)			A		5-1271 Age 60 5-1271 A E E N P C A A A I P R S U L					
	YES NO N/A					L							
Exterior	X	Asbestos sidi	ng	130	f	X							
-													
			The same the	<u></u>									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	ler ID No. Cubic Y	ards of Waste Name of Register T.R.R.F.	ed Lan	L								
City, State	Disp	posal Date	City, State Tullytown, Pennsylvania										
Toms River, New Jersey Completed by (Print or Type)	Title 4/2	1/15 Signature	/ / / /	/	-								
Nicholas Fernicola	Project Manager	1	Cht Hed		_	4/16	/15						

*Do not use this form for asbestos licensure exempted activities.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

					1000				+ 1		
Date of Notification (1) April 16, 2015		Name of Building	Owner/Operator (2) Victor Passucci	V.,		1. <	5	-2,			
Agencies Notified Type of Notificat [X] EPA [] Initial	tion I Notification	Street Address	575 Westfield Road		H.		10		-		
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip Coo	Scotch Plains, NJ 0707	5		-1			-		
DCA	ication) ellation	Name of Contact Victor	Passucci	Telephor	umber						
	FA	CILITY INFORM									
Name of Facility Where Abatement is Taking Residence	Place (3)		Type of Facility (4)	Schoo	er 8 (other than k-12) er, private & commercial buildings, ne c.) ors Bldg. Age 80 olished) cting, Inc. mit 61 w Jersey 08755-1271 cense Number 0624 ma ical n ad						
Street Address 1310 Rahway Roa	ıd		[x]	Subcl Other home	., privat			al build	lings,		
City	County (6)	County Code (7) (STATE USE ONL	Square feet 2500 sf	# of	ors	Bldg.		0			
Scotch Plains	Union		Current Use (Prior Reside	ence	olished)						
Name of Monitoring Firm Hired by Building Guardian Contract	TO 1000 ED 100	ASCM No.		r (9) ian Cor	cting,	Inc.					
Street Address 1889 Rte. 9, Unit	61			Route 9	9 nit 61						
City, State, Zip Code Toms River, NJ 08	9755		City, State, Zip Code	River,	w Jersey 08755-1271						
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephone Number	Idvor			JJ-1.	-/1			
Nicholas Fernicola	732-349-9932		732-349-9932	0624							
Scheduled Start Date (10) 4/16/15	Scheduled Comple 4/17/15	etion Date (11)	Name of OSHA Monitor E.M.S	ical							
Occupancy Status During Abatement (Check			Street Address	Stalton	ad						
[[[]]] [[] [] [] [] [] [] [d During Entire Period of Ab Outside of Normal Facility F										
Other – Describe			City, State, Zip Code Piscat	away, 1	v Jerse	y 088:	54				
Scope of Work (Check all that apply)			Full Containmer Mini-Enclosure	nt with No	ive Pres	sure					
[x] >3 sf or ≥3 lf	[] Renov	vation	[X] Glovebag Proce	dure							
[] ≥160 sf or ≥260 lf	[X] Demo	olition	[X] Non-Exempted	(*) and N	Friable I	Procedu	re				
						Abate	ement '	Гуре			
Location of	Is Location Normally used		Description of bestos-Containing	A	unt	R	R	E	Е		
Asbestos-Containing Material (ACM)	Solely by		Material (ACM)	(Sr	fy SF	E		52372	N C		
TO BE ABATED	Maintenance/Custodia	ıl (i.e	., thermal systems	,	F)		Α	A	L		
in facility (13)	Staff (12)	ins	ulation, surfacing, VAT, or			v	0.53	0.500	O S		
(13)	(12)	oth	er miscellaneous)			A		U	U		
	YES NO N/A		1			L		L E	R E		
Basement	X	Asbestos pipe	insulation	113		X					
Basement	X	Elbows	12	36		X					
Basement	X	Transite ceilin	ng panels	70		X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No. Cubic Y	ards of Waste Name of Regis T.R.R.F.	tered Lan	I	1.0					
City, State Toms River, New Jersey	Disp	oosal Date 0/15	City, State Tullytown, Pennsylvan	ia .	9 10		Bldg. Age 80 ac. 08755-1271 aber 08854 re Abatement Type R R E E N N P C O I P V R S A U L L E X X X				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1 di yiowii reinisyivan	14		100000000000000000000000000000000000000					
1 Honords I officold	110,000 111444501	Y 1/(1001-12			1					

*Do not use this form for asbestos licensure exempted activities.

CK 010148

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 4/15/15			Name of Building Owner/Operator (2) PSE&G											
Agencies Notified	Type Notification			et Addre Park F			5.00		4,P	2 1	201	-		
EPA DEP DOL	Initial Amended Amendment			, State, i wark N	Zip Code NJ					-			i	
DOH DCA	Emergency (justification) Cancellation	including	0,000	ne of Co aden S					Telepho	Numb	er			
			F	ACILIT	YINFOR	MATION	1 =	of Facility (4)						
Name of Facility Where River Edge Substa Street Address	Abatement is Takin ation	g Place (3)						of Facility (4) School (K-12) Subchapter 8 Other (i.e. pri) (Other th	K-12) ercial	buildi	ngs, l	nome	s,
1360 Main St.							Squa	etc.) ire Feet	# of Flo		10 90000	dg. Ag	300	
River Edge NJ 077	761		Cot	unty Cod	de (7)		500 Curre	ent Use (Prior	1 if being c	olishe) plu:	S	\dashv
County (6) Bergen			(ST	ATÉ USE	E ONLY)			ntrol room atement Cont	ractor (0)	_				
Name of Monitoring Fir	m Hired by Building	Owner (8)	1000	ASCM N n/a	lo.	Na W	RS Env	rironmental	Service	inc.				-
Street Address							reet Addre 7 Old Do							
City, State, Zip Code						Cir	ty, State, 2 aphank	Zip Code NY 11801						
n/a Project Manager for M	onitoring Firm		Tel	lephone	No.	Te	lephone N	No.	Li O	se No				
n/a		Scheduled	n/a		ate (11)	72.0	31-924-	SHA Monitor						-
Start Date (10) 4/15/15		7/15/15		edon De	210 (11)	V	VRS Env	/ironmenta	I Servic	Inc.				
Occupancy Status Dur					Street Address same as above									
Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire rmed Outside of Nor :	mal Facility H	City, State, Zip Code same as above											
Scope of Work (Check	(All That Apply)									tive Dropouse				
≥3 sf or ≥3 lf ≥160 sf or ≥260 l			novatio molitior				E N	ull Containme Iini-Enclosure Blovebag Prod Ion-Exempted	e cedure					
								ion-Exempled	() and i	THAD		Abate		
			ocation	1		*							ре	
Loca Asbestos-Contain TO BE	Used Main Custo	(12)	aff?	Asbesi (i.e.	tos Contain thermal sy	stems insi g, VAT, or	Ama (Spe SF o	t ' =)	Removal	Repair	Encapsulate	Enclosure		
0.1.1.	Yes	No	N/A X	Ast	estos Tr	ansite P	anels	90	:	x				
Control r Substa		-	X	20,000.00	sbestos T			28		x				
Jubsta	don yara													
			NJDEP Waste Cu				Cubic Yards Name of Registe			andfill				
Name of Registered	Waste Hauler		Hauler ID No. of Waste WH1451 20 Republic Cor					lic Cone						
City, State Flanders NJ						Disposal TBD	Date	City, Sta Morgan	te ntown, F					
Completed by Michael J DiMaria	a	lgr/Si	te Sup	οV	Sig	nature Ickou	10m	Marin	4/	ite 15/1	5			

CK 005945

BOGDAN JOLDZIC

ASB-41

PRESIDENT

Do not use this form for asbestos licensure exempted activities.

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2015-118 Name of Building Owner/Operator (2) Date of Notification (1) 0 4 / 1 3 / 1 5 alisabet j. clain Agencies Notified Type Notification Street Address EPA Initial 30 mulder lane Amended DEP City, State, Zip Code Amendment #: DOL Emergency midland park, nj 07432 (including DOH Name of Contact Teleph e Number justification) DCA russ van buiten Cancellation **FACILITY INFORMATION** Type of Facili Name of facility where abatement is taking place (3) Sch I (K - 12) alisabet j. clain Sut apter 8 (Other than K-12) Street Address X Oth Private/Commercial Bld Homes, etc. 30 mulder lane Square Feet # of Floors Bldg. Age County (6) City (5) County Code (7) (State use only) Current Use ior if being demolished) BERGEN midland park Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 04/16/15 04/30/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containmer /negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag proce ≥160 sf or ≥260 lf Demolition Non-Exempted and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e n asbestos-containing Amoun Description of asbestos-containing n m staff(12) p C material (acm) to be (Specif For material (ACM) 0 C a abated in facility (13) LF) Yes No N/A D BASEMENT PIPE INSULATION 133 l ft X Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 COVERY 2 yds. TULLYTOWN, RESOURCE Disposal Date City, State City, State 04/17/15 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Date

04/13/2015

D&S Proj. #: 2015-123

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	Name of Buildin	g Owner	/Operator (2)				Fi =	L 1 10			4 11
0 4 /1 3 /1 5	LOIS SAPP									+0	
Agencies Notified Type Notification									-		
EPA Initial Amended	1436 HIGHI	AND	AVENUE			, AT 12					
DEP Amended Amendment #:			1,21,02					1 31-11			
☑ DOL ☑ Emergency	HILLSIDE,	NI 072	205								
DOH (including	Name of Contact	and the second second		The Park		Teleph	e Numb	er	id-, chile		
DCA justification)	I OIC CADD										
Cancellation	LOIS SAPP				+1/-					. =	
		FACILI	ITY INFORM	ATION							
Name of facility where abatement is	taking place (3)					Type of Facili	4)				
LOIS SAPP						Sch	(K - 12	5			
Street Address						☐ Sut	apter 8 (-12)	
Sileet Address						Oth Bldç	Private/ Homes,		ercial		
1436 HIGHLAND AVENUE						Square Feet	# of Flo	ors	BI	dg. A	ge
City (5)	County (6)				nty Code (7)						
THE CORP.	IDHOM			(Stat	e use only)	Current Use	ior if be	ing dem	olish	ed)	
HILLSIDE Name of Monitoring Firm Hired by B	UNION		100111		Name of Abateme	it Contractor (0)					
Name of Monitoring Firm Fired by B	sidg. Owner (6)	1 '	ASCM No.								
Ctroot Address					D & S RESTO Street Address	RATION, INC.					
Street Address						A					
City, State, Zip Code					20 California City, State, Zip Coo						
Oity, State, 2ip Sode											
Project Manager for Monitoring Firm	Phone	Number	,	-	Paterson, NJ Telephone Numbe		Licens	e Numb	per		
· · · · · · · · · · · · · · · · · · ·	, none	140111001			973-345-802			01169	01		
Start Date (10)	Sched. Completion D	ato (11)		<u> </u>	Name of OSHA Me						
600 Park and 600 State of the S	Joshea, Completion B	ale (11)			D & S Restora	ation, Inc.					(Non-1-1) (10)
04/15/15	04/30/15				Street Address						
Occupancy Status During Abatement					20 California						
Facility closed/vacated during e		t.			City, State, Zip Coo	de			The state of the s		
Describe:	3.5			-11	Data-sea NII	07502		8			
Other-Describe: NORMAL HO				<u>- 11</u>	Paterson, NJ						
Scope of Work (check all that apply) Some of Work (check all that apply)	- 				L	Full Containmer Mini-enclosure	/negativ	e press	ure		
	Renovation				K	Glovebag proce	е				
≥160 sf or ≥260 lf	Demolition		[5]			Non-Exempted	and Nor			edure	
Location of	Is location normally used by maintenance/custodia							R	R	E	E
asbestos-containing material (acm) to be	staff(12)		Description material (sbestos-containing	Amoun (Specif	For	m	р	n c	n
abated in facility (13)	Yes No	N/A	material ((Olvi)		ĹF)		o v	a i	a	C L
DACENTENIE			DIDE DICK	T A TOTA	ONI	52 T T/T		e		P	
BASEMENT BOILER			PIPE INSU	-		53 L FT	-		부	片	ዙ
BASEMENT BUILER			BOILER IN	SUL	ATION	45 SQ FT			片	부	쁜
							-		ᆜ	屵	H
		_	-0	-			_		屵	屵	부
Registered Waste Hauler	NJDEP Hauler ID#		oic Yards of V	Vacto	Name of Register	ad Landfill		_	Ш	Ш	
D & S RESTORATION, INC.	13506		yds.	*431E		N, RESOURCE	COVE	RY			
City, State		osal Dat	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owne		City, State		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic	THE REAL PROPERTY.		-	
PATERSON, NJ 07503	04	/16/15			TULLYTOW	N, PA					
	Title		Signature				Date				
	PRESIDENT		F		L P 2P		04/1	3/2015		-	
ASB-41 *	Do not use this form for a	spestos	licensure exe	empted	activities.						

CK 0050 April 2015 03:11pm

P001/001

State of NJ Notification of Asbestos Abatement DWEID D&S Proj. 你 2015-123 (Pursuant to NJAC 8:60 and 12:120) Dept/of Hea & Senior Services DMIN Date of Notification (1) Name of Building Owner/Operator (2) 10 4 1/11 13 1/11 15 1 Time: LOIS SAPP Agencies Notified Type Notification Street Address ☐ EPA Initial Amended 1436 HIGHLAND AVENUE ☐ DEP Amendment #: City, State, Zip Code DOL. **Emergency** HILLSIDE, NJ 07205 (Including X DOH Name of Contact lustification) Telephone mber D DCA Cancellation LOIS SAPP FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4 School -12)LOIS SAPP Subcha Street Address 8 (Other than K-12) X Other (F 16/Commercial 1436 HIGHLAND AVENUE Bldgs./F es, etc. Square Feet Floors Bidg. Age City (5) County (6) County Code (7) (State use only) Outrent Use (Pri HILLSIDE being demolished) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number nse Number 973-345-8020 01169 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 04/15/15 04/30/15 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/n tive pressure ≥3 sf or >3 lf Renovation Mini-enclosure ___ ≥160 sf or ≥260 M Glovebag procedure __ Demolition Non-Exempted (*) ar on-friable proce dure is location normally used solely Location of R by maintenance/custodial E asbestos-containing E Description of asbestos-containing 均 staff(12) ė Amount material (acm) to be n m n material (ACM) þ abated in facility (13) (Specify SF Ç Yes C No N/A a a V p BASEMENT PIPE INSULATION 53 LFT X BASEMENT BOILER BOILER INSULATION 45 SO FT X Registered Waste Hauler NJDEP Hauler (D# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 yds. TULLYTOWN, RESOURCE REC ERY City, State Disposal Date City, State PATERSON, NJ 07503 04/16/15 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 13/2015 ASR-41 Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 4/13/15			Name of Building Owner/Operator (2) Chick-fil-A, Inc									Province:				
Agencies Notified	Type Notification		1000	Street A	ddress Buffingto	n Roa	d			,	#R 2	1 6	915		-,1	
DEP DOL	Amended Amendment				te, Zip Co a, GA 3				,	Albi	-		150	-1		
DOH DCA	Emergency (i justification) Cancellation	ncluding	100		Contact VCAlliste	er				Telep	ie Nun	ber-				
				FACI	LITY INFO	DRMATI	ON									
Name of Facility Where A			s)					Туре	e of Facility (4 School (K-12	2)						
Street Address 1040 US Highway	1 N							×	Subchapter (Other (i.e. pretc.)		n K-12 imercia		dings	hom	es,	
City (5) Woodbridge								Squ: 21,0	are Feet 000	# of F	rs	Е	ldg. <i>A</i> 50+	ge		
County (6) Middlesex					Code (7) JSE ONLY		_		rent Use (Prio mer Wareh		molished)					
Name of Monitoring Firm ATI, Inc.	Hired by Building C	wner (8)		ASCN	l No.		9.500000		atement Cont Environme							
Street Address 1818 New York Ave	e. N.E.						Street 135 I		ess elon Road		Santa Company					
City, State, Zip Code Washington, DC 20	City, State, Zip Code Washington, DC 20002								Zip Code , NJ 07405	i						
Project Manager for Mor Brian Chapman			Telephoi	ne No.		Teleph	none N		l C	nse No	D.					
Start Date (10) 4/14/15	Scheduled					Name	of OS	SHA Monitor Environme		rices,	Inc					
Occupancy Status Durin	-)				Street	24(0) 25-510								
	ated During Entire P	250 A	TW.													
Abatement Perform Other – Describe:	ed Outside of Norm								Zip Code							
							Kinn	elon,	, NJ 07405			-				
Scope of Work (Check A	іі і пат Арріу)		novot	vation Full Containment with N							ative Pressure					
≥3 sf or ≥3 if ≥160 sf or ≥260 lf		-	novat moliti					М	ini-Enclosure) 	ative Pressure					
							×		lovebag Proce on-Exempted		ı-Friabl	e Pro	cedur	е		
		ls L	ocatio	on									Abate		t	
Location	0.532	No Used	rmall				scription						l y	pe		
Asbestos-Containing TO BE AB			tenan	ce/		tos Cont thermal			al (ACM) lation,	Amı (Spi	t y	R	711	Enc	Ē	
In Facil (13)	ity		(12)	laiif		surface other n	cing, VA niscellar	T, or	,	SF o	=)	Remova	Repair	Encapsulate	Enclosure	
, ,		Yes	No	N/A				,	'			<u>a</u>		late	ıre	
Area beneath co			х	Gı	ray Tra	nsite S	Sidin	g &	442	Y	x					
		(*)		Contar	minate	d So	oil									
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic	Vards		Name of R	egistere	andfill					
Republic Services			11022	auler ID		of Was	ste		HEI of P			top Enterprises				
City, State Morgantown, PA						1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	al Date to 4/24		City, State West Ch		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Completed by Title						S	ignature)	5.	Date						
Anna Bastos	istra	tive As	sistant		An	n	M. E	Hesi	2/4/	3/15)					

State of NJ Notification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:	2015-68B		(Pursuar	t to NJAC	8:60-7	and 12:120-7)	Cl	nec # 71	66	ft; 1		_
Date of Notification		Name of Kind	of Building Own	er/Operator (²⁾ ciates, L	LC		<u> </u>	1 2315			_
Agencies Notified	Type Notification	Street /					n (1)					İ
☐ EPA	X Initial		Grand Aver	nue			<u> </u>	= =	I Shad			_
DEP DOL	Amendment	City, S	tate, Zip Code glewood, NJ	07631								-
X DOH		Name	of Contact				Tel	ep ie Nu	mber			
DCA	Cancellation	Ste	ephanie DeS	Santo								157
			FAC	CILITY INFOR	RMATION		Type of F	aci (4)				_
Name of facility w	here abatement is ta	king place (3	3)					Sc ol (K	- 12)		10)	
Vacant Build	ing							Ot (Priv	er 8 (Other t rate/Comme		12)	
Street Address	1 D4						Square I		nes, etc. f Floors	Blo	dg. Ag	je
279 Kinderk	amack Road	County (6	6)		Cou	inty Code (7)	-			<u></u>		_
City (5)					(Sta	ate use only)	Current		if being der	nolishe	(Da	
Oradell, NJ		Berger (8		ASCM N	0.	Name of Abateme						5)
Name of Monitor n/a	ing Firm Hired by Blo	ig. Owner (o	·) :			B & G Resto	ration, Inc.					_
Street Address						Street Address 105 Ryerson	n Road		. 12			
	-					City, State, Zip Co		-				
City, State, Zip C	ode					Lincoln Par Telephone Numb	rk, NJ 0703	o = − π	icense Nur	nber		
Project Manager	for Monitoring Firm		Phone Nu	mber		(973)696-6	5869		00378	3		
	D-1- (10)	TSched, C	completion Date	(11)		Name of OSHA N						, W
Scheduled Start 04/23/201		04/30/				Street Address						
Occupancy Stati	us During Abatement	(Check only	y one)			105 Ryerso City, State, Zip C		_ =				
Facility clo Abatemen Describe:	osed/vacated during e t performed outside o	entire period	of abatement.			LincolnPark						- V
Other-Des	scribe: (check all that apply								Glovebag	proco	dura	
Demolitio		Renovation				Full Containment	w/negative pre	ss _)
>3 sf or >	3 If X	≥160 sf or ≥2		olohy		Mini-enclosure				R	E	E
Location	of -containing	by mainten	normally used s ance/custodial	Des	scription c	f asbestos-containi		Arr nt (Splify SF	r	m p	C	n
material t	to be 1 facility (13)	staff(12) Yes	No N	ma I/A	terial (AC	M)		ĹF	,	v i e r	p	1 L
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Registered Wa	ste Hauler	NJDE	P Hauler ID#		rds of Wa	ste Name of Regis	stered Landfill town Resou	rc k Re	covery C	enter	ii.	
B & G Rest	toration, Inc.		9563 Dispo	osal Date		City, State	own, PA					
City, State Lincoln Pa)4/23/15 - (Date			
Completed by	(Print or Type)	Title Secretar	ry/Treasurer			Gordana L	íuna		04/13/	2015		

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

2015-68A B & G proj. #: Ch Date of Notification (1) Name of Building Owner/Operator (2) 0 4 /1 13 /1 15 1 Kinderkamack Road Associates, LLC Agencies Notified □ EPA 222 Grand Avenue X Initial DEP City, State, Zip Code Amendment DOL Englewood, NJ 07631 Tele ne Number X DOH Name of Contact Cancellation ☐ DCA Stephanie DeSanto FACILITY INFORMATION Type of Fac (4) Name of facility where abatement is taking place (3) ol (K - 12) S Vacant Building hapter 8 (Other than K-12) S X (Private/Commercial 0 Street Address ./Homes, etc. BI 265 Kinderkamack Road Bldg. Age Square Fer # of Floors City (5) County (6) County Code (7) (State use only) Current Us Prior if being demolished) Oradell, NJ Bergen vacant Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 04/23/2015 04/30/2015 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) X Demolition Renovation Full Containment w/negative pressur Glovebag procedure Mini-enclosure Non-friable procedure X ≥160 sf or ≥260 lf 3 sf or > 3 IfIs location normally used solely E Ε Location of by maintenance/custodial e n Amoi asbestos-containing Description of asbestos-containing n m p staff(12) C SF or (Spe material to be material (ACM) 0 C a LF) abated in facility (13) N/A Yes No p X floor tile & mastic 1.950 main level X 1 If flue packing main level 250 s window caulk & glazing main level Y 2,420 roofing material exterior X Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler 19563 40 Tullytown Resource { lecovery Center B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 04/23/15 - 04/30/15 Lincoln Park, NJ Signature Completed by (Print or Type) Title Gordana Luna Secretary/Treasurer 04/13/2015 Gordana Luna

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 201	5-65	_	(F	ursuan	t to NJAC 8	:60-7	and 12:120-7)	Che	# 7164	1 17		
DEP DEP DOL DOH	5 Notification Initial Amendment	Si C	ame of Build John Groot reet Address 40 Hazelv ity, State, Zip Livingsto ame of Conta	wood Avood A				Teler	APR 2	201 5		
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Name of Monitoring Firm F n/a Street Address	lired by Blo	lg. Owne	er (8)		ASCM No.	-	Name of Abatement B & G Restoral Street Address 105 Ryerson F	ion, Inc.			(1)	
City, State, Zip Code Project Manager for Monitor	ring Firm		Pho	ne Numb	er	_	City, State, Zip Code Lincoln Park, Telephone Number (973)696-686	NJ 07035	License N			
Scheduled Start Date (10) 04/24/2015 Occupancy Status During A Facility closed/vacate Abatement performed Describe: Other-Describe:	d during er	04/2 Check on tire peri	od of abaten	nent.	1)	_	Name of OSHA Mor B & G Restora Street Address 105 Ryerson F City, State, Zip Code LincolnPark, N	tion, Inc.		7		
Scope of Work (check all t Demolition 3 sf or >3 lf Location of	X R □ ≥1		≥260 If n normally u		/		Full Containment w/ne	gative pressur	Gloveba	able proc	edure E F	
asbestos-containing material to be abated in facility (13)	S	y mainte staff(12) Yes	enance/custo	N/A	material	(ACM)	asbestos-containing	Amou (Spec LF)	SF or	m p a v i e r	n c n c L	
Registered Waste Hauler	JNJD	EP Hauler IC	X 	pipe insul		Name of Registered	84 If					
B & G Restoration, In City, State Lincoln Park, NJ Completed by (Print or Type Gordana Luna	e) T	Title	19563	Disposal Dis	Date 27/2015 Signature			Resource {	Date 04/13			

				Name of Building Owner/Operator (2)											
Date of Notification (1)					Name o	f Building	Owner/	Operator	(2)		-				
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City, State, Zip Code					-	tate, Zip Code									
Woodbridge, NJ 070						/ Hill, NJ 0803	34	N							
Project Manager for Mon	itoring F	ırm			Telepho				one No.		ense No.				
David Tolchin					732-43				759 - 5000	0	81				
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Mike Cooper President							4/16/15								

/17/2015

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MQ#22742780488 Eme ncy notification (Pursuant to NJAC 8:60 and 5:16) Name of Bullding Owner/Operator (2) Date of Notification (1) 是事事的的担何 04 15 Carmen Perez Patth & Sumer Services Agencies Notified Type Notification Street Address X Initial ☐ EPA 7 Lennox Terrace (signal) X DOLWD Amended City, State, Zlp Code ☑ DHSS Amendment # Bloomfield, NJ 07003 Emergency (Including Name of Contact 80 (NJAC 5:23-8) (neitsoiliteur elephone Na Cancellation Charles Holmes FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subohapter 8 (Other than K-Street Address Other (i.e., private and com: is bulldings, 7 Lennox Terrace homes, etc.) City (5) Square Feet # of Floors Bidg, Age Bloomfield, NJ 07003 County Code (7) (STATE USE ONLY) | Current Use (Prior if being dem County (6) hed) 0 Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04 / 18 / 15 04 / 19 / 15 Envirovision Consultants Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-___PM/__PM___AM City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with nega Dressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or >260 if Renovation Mini-Enclosure Glovebeg Procedure Tent with Negs Non-Exempted (*) and Non-Frieble Proce Demailtion Pressure Is Location Abstement Type Location of Normally Description of Used Solely by Repair Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Remova Encapsulate Enclosure Amount Maintananda/ TO SE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13) other miscellaneous) Yes No Boiler room X Pipe insulation X 15 LF Name of Registered Waste Hauler NUDER Woole Hauter ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature rte N.Jevtic Owner

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ASB-41 MAY 11

Emergency (11 0	119	5	į l	Apr 16 2015 01:52p	P001/001
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The CAN Effective (M)				wner/Operator (2)	Date:	Time:
Date of Notification (1) 4-16-15	5	,	VI	linch +S	2005	MPR 21 MH 1-2
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Project Manager for Month (1947)	MA	Telepho	ne No.	Telephone N	io. Lie	an Vo. o Oci
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Date of Notification (1)	4-18-15	5	Name of	f Building Owner/o	/ }	nstruct	315 /	El:	0	¥ 1.
Agencies Notified	Type Notification		Street A	J 376			1000			
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Project Manager for Mor	chen Ken	4		758-3365	Telephone No. 609 758	-3365	ense No	3	94	
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Date of Notification (1) Name of Building Owner/Operator (2)		1						
4/17/15 Nancy DeJesus Private Home Agencies Notified Type Notification Street Address	985	P. Property	2 1	A Is	1.0			
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Emergency (including justification) DCA Name of Contact Nancy								
FACILITY INFORMATION				-				
Name of Facility Where Abatement is Taking Place (3) Nancy DeJesus Private Home Type of Facility (4)								
Street Address Subchapter 8	(Other	ın K-12				600		
580 Alleghany Road Other (i.e. privetc.)	vate & i	ımercia				es,		
City (5) Square Feet 1000+	# of F	rs		Bldg. A 15+	Age			
County (6) County Code (7) Current Use (Prior (STATE USE ONLY)	if beinç	molish	ed)					
Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Control Pernaco Inc.	actor (§							
Street Address PO Box 329		-						
City, State, Zip Code City, State, Zip Code West Berlin NJ 0809	1	• •						
Project Manager for Monitoring Firm Telephone No. Telephone No. 856-753-9800		nse N	0.					
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 4/20/15 4/21/15 Same	L							
Occupancy Status During Abatement (Check Only One) Street Address		-						
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code								
Scope of Work (Check All That Apply)		-		-		_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Example 2		ative P	ressu	re				
Non-Exempted ((*) and	1-Friab	le Pro	100.00				
Is Location Normally					ement /pe			
Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/	Am	nt			ш	_		
TO BE ABATED In Facility (13) Walltelance/ Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Sp SF (fy F)	Remova	Repair	Encapsulate	Enclosure		
Yes No N/A			1 2		ate	Ге		
living bedrooms hallway x Floor Tile only	650 s	otal	x					
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Re	- alatar	and fill						
Hauler ID No. of Waste		.andfill						
United Containers 22459 G.R.O.W						_		
	le PA	067						

MO#22742780501

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)				
04	18 1.	5				7 2	Feb. 2		1	S Dy	2
Agencies Notified	Type Notification				ael Graha t Address	m					
☐ EPA	✓ Initial				terglow A	Lucia		201	27.4	5 81.	
□ DOLWD	☐ Amended				State, Zip (-	* 4.17	1:5
□ DHSS	Amendment			19000010100				A -			
DCA (NJAC 5:23-8)	Emergency (i	ncluding	3		na, NJ 070			Telephone			2131
, , , , , , , , , , , , , , , , , , , ,	Cancellation				ael Graha			relepitorit	nindfi.		
						MFORMATION					
Name of Facility Where A	Instement is Takir	or Disco	/31	FA	CILIT II	MFORMATION	Time of Facility				
	roatement is rakin	ly Flaut	(3)				Type of Facility				
Private house Street Address							School (K-1) Subchapter		1 2)		
							Other (i.e., ;	private and o	nercial	building:	5.
46 Afterglow Avenue Oity (5)							homes, etc.				
A 0000							Square Feet	# of Floo		Bidg. Ag	e
Verona, NJ 07044 County (6)				10	h 0 1 (7)	(OTATE 1105 011111					
				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P.	fior if being c	olished)	į.	
Essex Name of Monitoring Firm	Hired by Rividica	Dunor	(6)	00014	Ma	T	L				
Marie Or Montorling 1 Hin	Timed by Building	OWIGH	(0)	ASCM	No.	Name of Abateme	ent Contractor (9)			
Sireet Address						Gr Tech LLC					
Oligal Magiess						Street Address					
City State, Zip Code						576 Valley Rd #					
City State, Zip Code						City, State, Zip C					
Project Manager for Mon	Barrar Film	-/			-	Wayne, NJ 0747	70				
Froject Wallager lot Mon	Roring Firm		Telé	ephone	No.	Telephone No		License			
Start Date (10)			1			973-638-1777		01127			
04 / 28 /					ate (11)	Name of OSHA N	Aonitor				
	100	04			13	Envirovision Co	onsultants,Inc				
Occupancy Status During						Street Address					
	ed During Entire P	eriod of	Abate	ment		20-21 Wagaraw		35 E			
Time of Abatement: _	AM-	arraciii PM/	y mou: PM_	s - Des	AM	City, State, Zip Co	ode				
					-V813-81	Fair Lawn, NJ 0					
Scope of Work (Check all	that apply)						and decontami		tive pre	ssure	
≥3 sf or >3 If		X Re	novati	on		Mini-Enc	tainment with Ne losure	gative Press			
☐ ≥ 160 sf or ≥260 lf			enolitic	on			g Procedure	Tent with Ne	tive Pre	ssure	
		· -				☐ Non-Exe	mpted (*) and No	n-Friable Pr	dure	1	
Location	of		s Locai Norma			5	9			Abateme	nt Type
Asbestos-Containing		Us	ed Sole	ely by	Asbe	Description of stos Containing Ma		Amou	7	3 R	9 9
JO BE ABA	PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS		ilntena todial			e., thermal systems	insulation,	(Speci	Kemova	Repair	Enclosure Encapsula
N Facili (13)	Ţy	Odd	(12)	Utan:		surfacing, VAT, other miscellane		SIF or t	Val	[F	Enclosure Encapsulate
, 1 - 000 r		Yes	No	N/A		office inflooding fe	ous)				6
Basement				X	D	1			5	7 -	
Dascilleill		12-	1-		Pipe ins	ulation		70 LF			니니
											ПП
			П	Ī					F		
Name of Registered Was	te Hauler		L — NJ	DEP Wast	e Hauler ID No.	Cubic Yards of Wast	Name of Regi	stered Landfi			니니
Gr Tech LLC								zioreo canan			
City. State				003378	0.0	TBD Disposal Data	T.R.R.F. Inc				
						Disposal Date	City, State				
Wayne, NJ 07470						TBD	Tullytown, P	A			
Completed By (Print or T	ype) Til	.0				Signature	[0] A	1	Date		
N.Jevtic	Ov	vner				7	Pentic No	mad	04/18/2	2015	
ASB-41		à fra		lete Fr	n A		112				
MAY 11		120 110	a state !	nus leri	n jur ushës	itas licensure exe∦ip	uen activities.				

P001/002

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MO#22742780490	19						6:60 and 5:16			Emer	ey no		ition		
Dete of Notification (1)	T PLUTIS		N	eme o	f Buildin	19 0	wner/Operator (2)		APPROG	1		7	- 1	SK 1:37
04 / 17	/ 15	Limes .	150	hn Cr	orbett				NJO	epto of Health &	nfor S	arvice	10		
Agencies Notified Type	Notification		-		ddress			No see expense come			1101 11				37.14
□ EPA ⊠ in	tlal		13	30 Ric	holieu	Tex	Tace			(signatur				£.	
	mended		C	ity, St	ate, Zip	Coc	ie		Date	11/1/14	e: 2	7. 3	-00		
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	mergency (inc stification)	เทิดเนยี			of Conta		N. Jakonson montenes touromen	and the same		Telephone Nur	-				
	ançellation		Jo	obn C	orbett										
1		-	17.2			INF	ORMATION			114	1,21		-		
Name of Facility Where Abaten	ent is Taking	Place (3	3)					Type of	Facility	(4)	NO /	1	-/400-		
Private house									ool (K-12		paring 5,		7		
Street Address	-							Sub	chapter &	(Other than K-1 rivate and comm	al bull	dinge	10		1.77
130 Richelieu Torrace									nes, et¢,)		al Dull	- 191 Life			35
Gity (5)	1/2/19/19							Square	1	# of Floors	Bld	g. Ag	3 =	-01	
Newark, NJ 07106		•										-	-	-	and the second
County (8)		-37		Count	y Code (i	7) (5	TATE USE ONLY)	Curren	Use (Pr	ior if being define	ad)		,	٦٠.	
Essex														الــ	
Name of Monitoring Firm Hired	by Building C) wuet (8	IA	SOM I	Vo.		Name of Abatem	ent Cont	factor (9)		-				
						C	Gr Tech LLC							- 1	
Street Address				All			Street Address								
			_				76 Valley Rd				-				
City, State, Zip Code	1.					- 1	Clry, State, Zip C								
							Wayne, NJ 074	70							
Project Manager for Monitoring	7			hane I			Telephone No. 973-638-1777			Ligense No. 01127		55			
Start Date (10) 04 / 18 / 15		duled ¢c			1000		Name of OSHA (Envirovision C		eta Ina					-104	
Occupancy Status During Aba							Street Address	Nouna	165,1116		4		~~~~~		
☑ Facility Closed/Vacated Du	A STATE OF THE PARTY OF THE PAR		3337	nent	ļ	-	20-21 Wagaraw	Road	Bldz #	35 E					
Abatement Performed Outs Time of Abatement:	AMP	Facility	HQUITO PM_	- Dos	orlbe i AM	r	City, State, Zip C Pair Lawn, NJ (ಂದಕಿ	- 1 Б	-	-				
Scope of Work (Check all that	annly	*******					Clean L	p and de	contami	nation with nega	press	nla			
	,	H-VH	**		1				t with Ne	igative Pressure					
>3 sf or >3 lf > 150 sf, or >250 lf			novation notition		ì		. Mini-En	ciosure na Proce	dura [Tent with Negal	Press	nte		-	
- L					i		☐ Non-Ex	empted (*) and N	on-Friable Proce	3	1			
			Locati								Aba	sterne	ent Ty	/pe	
Lecation of Aabestos-Containing Mate	rial (ACM)		iormal 1 Sole	ly by -	Δ-	hee	Description tos Containing M		CM	Amount	Re	77.e	E	THE I	
TO BE ABATED			ntena: odial S				, thermal systems	insulation		(Specify	Removal	Repair	Encapsulate	Enclosure	*5
IN Facility (13)		Cust	(12)	atem (surfacing, VA			SIF or LF)	7af		2	Bill	
1		Yes	No	NA			- Inter Time yama	,,,,,					Ф		
Basement				×	Pipe i	71011	lation			125 LF	×			1	
Describent			-		I the I	111314	ileaciói)			122 21	1000		T		
		14		-							1		Ш		
						:						Ш	Ш	П	
	1						528								
Name of Registered Waste H	auler	-	NJ	JEP WAS	ta Hauler II	No.	Cubic Yards of Wa	sle Nan	e of Reg	istered Landfill	-		,,		
Gr Tech LLC			1	00337	85		TED	T.R	R.F. In	C					
City, State		**				T	Disposal Date	AL.	State				1,1100		
Wayne, NJ 07470	20					60	TBD	T::11	ytown,	PA					
Completed By (Print or Type)	TI	tle				_	Signature	7	V - T 11 AAS	đ	ite	-			
NJevtic		vner			8	i	4	al La	sile	nad	/17/2	015			- 1
ASB-41	-	VINCOUNT.		1.1 4				Control of the same	1 4 4 4 4						
MAY 11		()D 40	1 426 1	nis for	m for as	2062	ios licensure often	npfed act	rvities.	, ·					



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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RCK 1778

D. I. (51) (16 1) (17)								13				
Date of Notification (1) 4/15/15		Name of Margie	f Building C & Walte	Owner/Operato er Ferst Pri	or (2) vate H	ome.	01 1	1. /	•			
Agencies Notified Type Notification		CHOOLA	ddress endome A		-	Alu II. II.	21 1	1:4	3			
EPA Initial Amended		City, Sta	ite, Zip Coo	de	1	1 4 1 2 5 4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1111	JL			
DOL Amendment #			te NJ 08	402	CENT	1G						
DOH justification) DCA Cancellation		Jim	f Contact				Teler	ne Number				
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATION	Type	of Facility (4						
Margie & Walter Ferst Private Hom			£.		1000000	School (K-1)						
Street Address	•					Subchapter Other (i.e. p	8 (Other	ın K-12 ımerci		dinae	home	20
4 S Vendome Ave			3		-	etc.) re Feet	# of F	rs				
Margate NJ 08402					1000		1	15	1 88	lldg. <i>A</i> 5+	age	
County (6) Atlantic			Code (7) USE ONLY)		Curre	nt Use (Prid	or if being	molish	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCN	/ No.		e of Aba	tement Con	tractor (§					
Health & Safty Ser Street Address					naco Ir					•		
PO Box 365				100000000000000000000000000000000000000	Box 32							
City, State, Zip Code Berlin NJ 08009					State, Z st Berli	ip Code in NJ 080	91	3				
Project Manager for Monitoring Firm Jim Procter		Telepho 856-45	ne No. 52-1311		-753-9		(nse N	0.			
	Scheduled Co 4/22/15	ompletion	Date (11)	Nam Sar		HA Monitor						
Occupancy Status During Abatement (Check	Only One)		·	Stree	et Addres	SS						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	eriod of Abate al Facility Hou	ement irs		City,	State, Z	ip Code		-				
Scope of Work (Check All That Apply)				_				_				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	Renov Demo				Mir Glo	I Containme ni-Enclosure		ative F	ressu	re		
	T					n-Exempted						
Location of	Is Loca Norm										ement /pe	t
Asbestos-Containing Material (ACM)	Used So Mainten	lely by	Asbest	os Containing	escription of ntaining Material (ACM)			nt			ш	_
TO BE ABATED In Facility	Custodial (12	Staff?	(i.e.	thermal syster surfacing, V	AT, or	ation,	(Sp SF (fy F)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No			other miscella	aneous)				oval	air	ulate	sure
Roof	100 110	X		Roofin	ıq		110	3F	x			
Through-out		X		floor tile& r			110	3F	x			
								100.000				
Name of Decision division in												
Name of Registered Waste Hauler Transformation		NJDEP W Hauler ID	State of the state	Cubic Yards of Waste		Name of F		andfill		horit	v	
City, State		18952		15 Disposal Dat	ρ.			J Aut	HOHL	У		
Egg Harbor NJ				4/22/15	-	rbor Tc	ıship	NJ 0	8234	1		
Completed by Anthony T Perna	Title Presiden	t	Signature					Da 4/	te 15/15	5		

& Enegency &

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

CR \$174

Date of Notification (1) 4/14/15				Nai Ja	me of Bu	uilding Owi Nacko Pi	ner/Opera rivate H	ator (2) ome	95	15 L:			ď.				
Agencies Notified	Туре	Notification		25050	eet Addr Rona					es Pif	21 1	f [:	43				
EPA DEP DOL		Initial Amended Amendment #		Cit	y, State, anahav	Zip Code wkin NJ	08050		Mu	500		111	i.l.				
DOH DCA	×	Emergency (inclustification) Cancellation	cluding		me of C	ontact			Tele one Number 3								
					FACILIT	TY INFOR	MATION										
Name of Facility Where Janusz Macko Priv	Abater ate H	ment is Taking I Iome	Place (3)			i		☐ s	f Facility (4) chool (K-12 ubchapter 8)	an K-12)						
Street Address 52 Rona lane			131			1 0		× c	ther (i.e. pri tc.)	ivate {	mmercial buildings, homes,						
City (5) Manahawkin NJ 08	3050			Square Feet # 1000+ 1							ors	35	g. Ag	9			
County (6) Ocean				Co (S	ounty Co	ode (7) SE ONLY)		- Currer	nt Use (Prio e	r if bei	demolishe	d)					
Name of Monitoring Firm	m Hire	d by Building O	wner (8)		ASCM 1	No.		ame of Abat Pernaco In		ractor			٠				
Street Address							10.5	treet Addres									
City, State, Zip Code							C	ity, State, Zi Vest Berli	p Code n NJ 089	1	To the						
Project Manager for Mo	onitorir	ng Firm		T	elephon	e No.		elephone No			icense No 0727						
Start Date (10)	Schedule				oletion D	ate (11)	N	lame of OSF									
4/14/15 Occupancy Status Dur		1 (0)	4/17/15					Street Addres	ss								
Facility Closed/Va Abatement Perfor	acated rmed C	During Entire P	eriod of Ab	ateme	ent			City, State, Z	ip Code	_							
Scope of Work (Check ≥3 sf or ≥3 lf		nat Apply)		novat					II Containm		legative P	ressur	е				
≥160 sf or ≥260 lf	f		× De	moliti	on			GI	ovebag Pro								
								△ No	on-Exempte	a (*) a	NON-Filab	T	Abate	0.07			
			100	ocatio	22.7								Ту	ре			
Asbestos-Containi TO BE /			Used	(12)	by by nce/ staff?	Asbest (i.e.	os Conta thermal s surfaci	cription of ining Materia ystems insu insu ing, VAT, or scellaneous	1)	ecify or LF)	Removal	Repair	Encapsulate	Enclosure			
			Yes	No	N/A			01-11			00 SF	x	-		-		
Exterio	r Sid	ing			X		Exter	ior Siding			10 31	^					
Name of Registered Waste Hauler United Containers				H	JDEP V Hauler ID 2459		Cubic \ of Was		Name o		ed Landfil	I			20		
City, State	City, State						10.20	al Date	City, Sta		19067						
Elm NJ Completed by	Completed by Title						-	ignature	1510		D	ate /14/1	5				
Anthony T Perna			Presi	uent							4/14/15						

CK 1490

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Date of Notification (1) 4-13-2015				Name	of Buildin	g Owner	/Operator	r (2)	ne.c	-				
Agencies Notified	Type Notification				Velasqu	Jez			SI IE A	13	1	111	1 - 1	1-
		H 1			Address Walnut S	Stroot							IC +	-
EPA DEP	× Initial Amended				State, Zip (1995	12		1.		
× DOL	Amendme	nt #			mfield, N		13		11				- K	-
ĭ DOH	Emergence justification	y (including		1	of Contac							0.00		
DCA	Cancellation				Velasqu				Telenh					
Nome of Facility 145					CILITY INF		ION			_				
Name of Facility Where A	Abatement is Tak	ing Place (3)					Type of Facility	y (4)	-	-			
Street Address				- 68				School (K						
103 Walnut Street								Subchapt	er 8 (Other th	K-1				
City (5)								Other (i.e etc.)	. private & co	ierc	ial bu	ilding	s, hor	nes,
Bloomfield, NJ 0700	13							Square Feet	# of Flo	1	T	Bldg.	Age	
County (6)	,,,							1573	2			105-		
Essex				County	Code (7)	Y)		Current Use (P	rior if being c	olis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (9)				'/								
J	rined by banding	Owner (6)		ASC	M No.		Name	of Abatement Co	ontractor (9)					
Street Address								n Environme	ntal Servic	, LL	-C			
577 645 A45 T V6 2								Address /irginia Aveni						
City, State, Zip Code								tate, Zip Code						
								ey City, NJ 07	304					
Project Manager for Moni	toring Firm		Т	Telepho	one No.			one No.		- 11				
							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	333-8855	01	e N 1	0.			
Start Date (10)		Schedule	ed Co	mpletion	Date, (11)			of OSHA Monitor	1000000	_				
4-24-2015		4-24-20						as above						
Occupancy Status During							Street A	Address						
Facility Closed/Vaca	ted During Entire	Period of A	bater	nent										
Abatement Performe Other – Describe:	d Outside of Norr	mal Facility	Hour	S			City, St	ate, Zip Code		-				
Scope of Work (Check All	That Applied					_								
 ≥3 sf or ≥3 lf 	ттак Арріу)	-									W = -			
≥3 \$1 or ≥3 if ≥160 sf or ≥260 if			enova emoli				×	Full Containm	ent with Neg	e P	ressu	ге		
			CITIOII	lion			×	Mini-Enclosur Glovebag Pro	e codure					
								Non-Exempte	d (*) and Nor	iabl	e Pro	cedur	e	
			Locat									Abat	ement	
Location of Asbestos-Containing N		Used	ormai Sole	lly elv bv			cription o				L.,	T.)	ре	
TO BE ABA	ΓED	Mair	ntena	nce/	Asbest	tos Cont	aining Ma	aterial (ACM) insulation,	Amour		_		m	_
In Facility (13)	′	Custo	(12)	Staff?	(1.0.	surfac	ing, VAT	. or	(Specif SF or LI		Rem	Re	ncar	ncl
(10)			, 7			other m	iscellane	ous)			Removal	Repair	Encapsulate	Enclosure
-		Yes	No	N/A							-		ate	ē
Basemer	nt		Х			pipe	insulati	on	110 LF	-	x			
Basemer	nt		X				insulat		40 SF	-				
			2000			DOILO	modiat	1011	40 55		х			
		-												
Name of Registered Waste	Haules			<u> </u>						500				
				JDEP W auler ID		Cubic \		Name of	Registered L	fill				
Green Environmental	Services, LLC		100,000	34889	0.0000000	of Was	ie .	G.R.O.\	W.S. North	and	fill			
City, State						Disposi	al Date	City, State	ρ	-	-30'00			
lersey City, NJ						4-24-2			ille, P.A.					
Completed by illiana Serrano		Title				Bi	grature	1		Date	3			
iliana Serrano		Office	Man	ager		J		wyerna	دی		3-20	15		

(K 2927

Froject#			(Pi	ireliant	to NJAC	8:60 and	1 12-120	0)		~					
2			,, ,	arouunt	to NOAO	0.00 and		0,	21.2	COMMON					
Date of Notification (1)				Name o	f Building	Owner/C	perator	(2)	2 6				11	0.	
04/12/2015			F	Richar	d Hart							- 1	· 'e.	4	
Agencies Notified Typ	e Notification			Street A	ddress										
□ EPA □	Initial		16	88 B A	cadem	y St									
DEP	Amended			City, Sta	ate, Zip Co	ode									
DOL	Amendment		_	Dover,	NJ 078	301									
DOH L	Emergency (i	ncluaing		Name o	f Contact					Telepho	Num	ber			
DCA DCA	Cancellation		F	Richar	d Hart					3					
				FAC	LITY INF	ORMATI	ON								
Name of Facility Where Abate	ement is Taking	Place (3	3)		15			Туре	e of Facility	(4)	115				
Private House									School (K-	12)					
Street Address										r 8 (Other th	K-12			#0*************	
68 B Academy St								E	Other (i.e.	private & co	ercia	l buil	dings	, home	es,
City (5) _								Squ	are Feet	# of Flo		E	Bldg. A	\ge	
Dover, NJ								1000					250	272	
County (6)				County	Code (7)			Curr	rent Use (Pr	ior if being c	olish	ed)			
Morris				(STATE	USE ONLY)		20000000							
Name of Monitoring Firm Hire	d by Building C	Owner (8))	ASC	VI No.		Name	of Ab	atement Co	ntractor (9)	-				_
							100000000000000000000000000000000000000		oration L	110-0-20-0-20-0-20-0-20-0-20-0-20-0-20-					
Street Address							Street								_
							72 Br	noks	side Rd						
City, State, Zip Code									Zip Code		-	_			_
only conto and conto		38			8		1000		NJ 078	860					
Project Manager for Monitorin	g Firm			Telepho	ne No		Telepl			Lic	e No	,			
Trojest Manager for Monitorin	9 1			reiepiio	110 140.		973-9			01	3				
Start Date (10) 4	T	Schodul	ed Con	nnletion	Date (11)				SHA Monitor		5	_			_
04/24/2015		04/26/2		ipicuon	Date (11)				onmenta						
Occupancy Status During Aba							Street								
-			(00-035)				2333								
Facility Closed/Vacated I Abatement Performed O							28.80	260000000000000000000000000000000000000	1000						
Other – Describe:	diside of North	ai r aciiit	y Hours	•					Zip Code						
Soons of Work (Charle All The	et Amelia)						Unior	n, NJ	07083						
Scope of Work (Check All Tha	at Apply)	Excess of the same					part	=							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova				-			nent with Ne	ve Pr	ressu	re		
2100 St 01 2200 II			Demolit	ion			Ī		ini-Enclosur lovebag Pro	1. Table 1.					
										ed (*) and No	riable	e Pro	cedur	e	
		Is	Locati	on										ement	t
Location of		1	Normal	ly		De	scription	of					Ty	/pe	
Asbestos-Containing Mate			ed Sole aintenar		Asbes				al (ACM)	Amou				m	
TO BE ABATED	2	11 000000000	todial S		(i.e.	. thermal			lation,	(Spec		Re	刀	nca	Enc
In Facility (13)		15.00.00	(12)				cing, VA niscellar		,	SF or I		Remova	Repair	ıpsı	Enclosure
(1.5)				T	1	outor it	illoooliai	10000	,			/al	=	Encapsulate	ure
		Yes	No	N/A											
Basement Area			×		TSI					110 LF		×			
**															
		+		-			-				-				
				-											
											200				
Name of Registered Waste Ha	auler			JDEP W		Cubic			Name of	Registered	dfill				
Nick Restoration LLC			100000	auler ID 3782	NO.	of Was	sie		G.R.O.	W.S					
City, State			100	0102			sal Date		City, Sta						
Randolph, NJ	07869					TBD	Jai Daic		Tullyto						
Completed by		Title					ignatúre	<u> </u>			Dat	ρ			
Elvira Mrda		Presi	dent			"	6011	1/1	llio	la			015		
- Trifa Milaa		1 1031	GOIIL				w	CFU	pare		04/	12/2	013		

				St	ate of Ne	w Jerse	У			10						
Project #		1			OF ASE to NJAC					CI	neck #	92	26		-	
Date of Notification (1)				Name o	f Building	Owner/0	Operator	(2)			6115		10	,		
04/12/2015				Richar	d Hart						06.25		0.7			: 5
Agencies Notified Type	Notification			Street A						-	5 - 1			-7-5		
□ EPA □	Initial				cadem	***					en					1-
DEP	Amended				ate, Zip C							1.4			4	
DOL	Amendment Emergency		-	A STATE OF THE PARTY OF THE PAR	NJ 078											
■ DOH	justification)		1		f Contact					Te	lephon	um	ber			
DCA	Cancellation			Richar	ar a solution of	10.00										
A1		DI (FACI	ILITY INF	ORMAT	ION	-	·	///						
Name of Facility Where Abater	nent is Takin	g Place (3	3)				i i	Type	of Facility	(4)						
Private House									School (K-			11/20				
Street Address								- Louisian	Subchapte Other (i.e.			12		dinae	hom	200
68 A Academy St									etc.)	private	& COIIII	Ula	ii Dulii	uiriga	HOIH	cs,
City (5) Dover, NJ								Squar	e Feet	# 0	f Floor		E	Bldg. A	\ge	
County (6)				County	Code (7)			Curre	nt Use (Pr	ior if be	ing der	she	ed)			
Morris				(STATE	USE ONLY	n <u> </u>			- 4		- F					
Name of Monitoring Firm Hired	by Building	Owner (8)		ASCN	VI No.		Name	of Abat	ement Co	ontracto	(9)					_
-5									ration L							
Street Address								Addres								
							72 Br	ooksi	de Rd							
City, State, Zip Code							THE WORLD STREET	State, Zi				-				
					3				NJ 078	260						
Project Manager for Monitoring	Firm			Telepho	ne No		1	none No		000	Licer	No				
	N. C. C. C. C. C. C. C. C. C. C. C. C. C.			rolopilo	110 110.			33-25			011:	140				
Start Date (10)		Schedul	ed Co	mpletion	Date (11)				A Monitor	r	10116	-	_			
04/24/2015		04/26/2			Date (11)	,			nmenta							
Occupancy Status During Abat	ement (Chec							Addres		11		-				
(<u></u>	3 14	15	37					RT 22								
Facility Closed/Vacated D Abatement Performed Ou Other – Describe:	uring Entire I tside of Norn	Period of Anal Facility	Abater / Hour	ment s			City, S	tate, Zi	Code			-				
							Union	1, NJ (7083							
Scope of Work (Check All That	Apply)	52000						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demoli					Min Glo	Containn i-Enclosur vebag Pro i-Exempte	re ocedure			essu		a.	
		1 .						- 1101	Exemple	1	4 11011	101	-		emen	t
l anding of		500	Loca: Norma			_		0.00							pe	
Location of Asbestos-Containing Mater	ial (ACM)	Use	d Sole	ely by	Asbes	De stos Con	scription		(ACM)	,	mount				_	
TO BE ABATED	,		intena todial	ince/ Staff?		. therma	systems	s insula		(Specify		Re	D	inc	E
In Facility (13)		0.00	(12)				cing, VA miscellar			S	F or LF		Remova	Repair	sde	Enclosure
(10)		Yes	Na	NI/A	1	ouler i	Hisochai	ieous)					val	=	Encapsulate	ure
Basement Area		res	No ×	N/A	TSI					160	LF	-	×			
	+			1						100		-	7.55			
	-	-		+								_	_	_	_	_
Name of Registered Waste Har	uler			NJDEP W			Yards	T	Name of	Registe	ered La	11				
Nick Restoration LLC			4	Hauler ID	No.	of Wa	ste		G.R.O.	W.S						
City, State			3	3782		1	sal Date		City, Sta	Victoria de la companya della companya della companya de la companya de la companya della compan		-				
Randolph, NJ (7869					TRD		1	Tullyto		A					
Completed by		Title				18	Signature	1	1			ate	е			
Elvira Mrda		Presi	dent				4	Wroo	a ll	sole	1	1/	12/2	015		

NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

				1.	arouu	110 100		4114 5.1	0)	19.	- g-m	J. 100		- time	-
Date of Notification (1)					Name	e of Buildir	ng Ov	vner/Operator	(2)	19.	4 1-1-1-1-1	4 1. 4 1.	- 1 9	n	
4/	15 /		15		La	wrence T	Town	ship Board	of Education						
Agencies Notified	Type Noti	ficatio	n		Stree	t Address		1	500 S00 C CAND S00 C S00	-21	AFF	21	- 6	H +	- : :
□ EPA						55 Prince	eton	Pike			16500			1 1	. 14
		ded				State, Zip				ji-	0 1			1515	2021
□ DHSS			# <u>1-4/17</u>		1 1000			NJ 08648			Re L	ICE	112	HT I	NUL
DCA (NJAC 5:23-8)	Emerg justific	ency	(including	9		of Contac		NJ 00040		T= 1 .	-		[4.]	1413	<u> </u>
(NJAC 3.23-0)	☐ Cance				11/50/80/50	n Varnur				Telepho	Numb	er			
	_ oanoc	ilation													
Name of Earlie 18th 18th Al					FA	CILITY II	NFO	RMATION							
Name of Facility Where Ab									Type of Facility						
Lawrence Township	Public S	Scho	ol Facil	ities	Bldg.				School (K-1		7200-20				
Street Address									☐ Subchapter☑ Other (i.e., p		K-12)		ildin	70	
45 Princess Diane La	ane								homes, etc.		milei	JIAI DI	anding	35,	
City (5)									Square Feet	# of Flo		В	dg. A	ae	
Ewing										1					
County (6)					Cou	nty Code (7)(STA	ATE USE ONLY)	Current Use (P	rior if being	molish	ned)			_
MERCER									,		***********	,			
Name of Monitoring Firm H	lired by Bi	uilding	Owner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9	1	_				
TTI Environmental In				,					VIRONMENTA						
Street Address		_						eet Address	VIKONWENTA	L, INC.	-				
1253 N Church St									DOTRET						
City, State, Zip Code			-					1123 BEAVE	the same of the sa		_				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	57						1	y, State, Zip Co							
Moorestown, NJ 080							V	BRISTOL, PA	19007						
Project Manager for Monito	oring Firm				phone		Tel	lephone No.		License	٥.				
Mike Stocku					09-304		2	15-788-6040		0050					
Start Date (10)		Sch	eduled C				Nai	me of OSHA N	lonitor						
4 / _16_ / _	15	-	4 /	_2'	/ .	15_	E	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During A	Abatemen	t (Che	ck only o	one)			Stre	eet Address							
☐ Facility Closed/Vacated					ment		1	123 BEAVE	R STREET						
☐ Abatement Performed C	Outside of	Norm	al Facility	y Hou	rs - Des	cribe		y, State, Zip Co							
Time of Abatement: 10:	:00AM- <u>6:</u>	<u>00</u> PN	1/F	PM	AN	Л		BRISTOL, PA							
Scope of Work (Check all ti	hat apply)							, r , r ,	13007		_				
	۵۲۲.)							☐ Full Cont	ainment with Ne	ative Pres	9				
≥3 sf or ≥3 lf ≥160 of as > 260 lf			⊠ Re					☐ Mini-Enc	losure		100.1				
≥160 sf or ≥260 lf			∐ De	molitio	on			☐ Glovebag	g Procedure mpted (*) and No	n Erioble E	edure				
			Is	Locat	ion	T		M MOII-LXE	inpled () and No	III-FIIADIE F	edure	T			
Location of	f		١	Norma	lly			Description o	f			Ab		ent Ty	ype
Asbestos-Containing Ma		CM)		d Sole intena		Asbe	stos	Containing Ma		Amo		Rer	Repair	Enc	Enc
TO BE ABATI IN Facility	ED		~ (VB 26 Pt)	odial		(i.e		rmal systems i		(Spe		Removal	air	Encapsulate	Enclosure
(13)				(12)				surfacing, VAT, her miscellane		SF or)	<u>a</u>		iula	ure
10 (5)			Yes	No	N/A			ner milesemane.	, ac,					te	
2 nd Floor Room 2017						Floor ti	le			1200	:	\boxtimes	П	П	П
2 nd Floor Room 2017				\boxtimes		Mastic				1600	:	П			
Ground floor Storage F	Room					Floor ti	le			500	-				
Ground floor Storage F	Room				Ī	Mastic				600					
Name of Registered Waste		-		312	JDEP \	Vaste	Cub	oic Yards of	Name of Regis		_				
BRISTOL ENVIRONM		INC.		100000	auler II	No.	Was		G.R.O.W.S		NDF	ILL			
City, State					18706		Disr	oosal Date	City, State		-	_			
BRISTOL, PA 19007							2.5		MORRISVI	LLE, PA 1	67				
Completed By (Print or Type	e)	Tit	le					Signature	1		Date	4			
Brian Scafiro	15		Estimat	or				Bri	Lel:	1-0	,	4/1	1/1	5	

ASB-41 MAY 11 B S 15 0 34

^{*} Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)						IN	ame	of Buildin	n Ov	wner/Operator	(2)	100	er i	0. []			- 7-55	
4 /	15		15							nship Board	V X		i les					
Agencies Notified	Type Not ☐ Initial	ific	ation			S		Address			26	5 AFR	21 1	1.	5			
⊠ DOLWD		dec	d					5 Prince						17.2%	01			
☑ DHSS	The second secon		ent #1	-4/17	/15			State, Zip ($\hat{\mu}_{-}$	315 <u>-</u> 1	TOS	HIA	Ut.			
☐ DCA	⊠ Emer			cluding	g				- 11	NJ 08648			ICEH	MG				
(NJAC 5:23-8)	justific					0.5560	0-0460	of Contac	5.5%			1	Telepho	Numb	er			
	☐ Cance	ella	tion				Ber	n Varnum	n			- 39						
					-107		FA	CILITY IN	NFO	RMATION								
Name of Facility Where A									7. 100.0		Type of F	acility (4))	-				
Lawrence Township	Public	Sc	hool	Facil	ities	Blo	lg.				Schoo							
Street Address											- ☐ Subch ☑ Other	apter 8 (Other th	K-12)	ial h	ildin	10	
45 Princess Diane L	ane										homes	s, etc.)	ato and	THITICITE	iai bi	anding	, ,	
City (5)											Square Fe	eet	# of Flo	3	BI	dg. A	ge	
Ewing																		
County (6)						(Cour	ity Code (7	7)(ST	ATE USE ONLY)	Current U	se (Prior	if being	molish	ned)			
MERCER																		
Name of Monitoring Firm	Hired by E	Build	ding O	wner	(8)	AS	СМ	No.	Na	ame of Abatem	ent Contrac	ctor (9)						
TTI Environmental I	nc.									BRISTOL EN	VIRONME	ENTAL,	INC.					
Street Address								94	St	reet Address				-				
1253 N Church St										1123 BEAVE	R STREE	Т						
City, State, Zip Code										ty, State, Zip C				-				
Moorestown, NJ 080	057									BRISTOL, PA								
Project Manager for Monit	oring Firm	1			Те	eleph	one	No.	_	lephone No.			License	0.				_
Mike Stocku					1 6			-3969	0.0000	215-788-6040)		0050	10.01				
Start Date (10)		15	Schedu	uled C	omp	letior	n Da	te (11)	Na	me of OSHA N	Monitor			-	_		_	_
4 /16 /	15							15	E	BRISTOL EN	VIRONME	ENTAL.	INC.					
Occupancy Status During	Abatemer	nt ((Check	only (one)		_			reet Address			0	-				
☐ Facility Closed/Vacated						teme	nt		15085	1123 BEAVE	R STREE	т						
Abatement Performed								cribe		y, State, Zip Co	(6)25(6)3(8,555)			_				
Time of Abatement: 10	0:00AM- <u>6</u>	:00	PM/_		PM		_AN	1		BRISTOL, PA								
Scope of Work (Check all	that apply)							- 95	51(10101,17	13007							
										☐ Full Cont		th Negat	ive Pres	е				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				⊠ Re □ De	moli					☐ Mini-End		Δ.						
										⊠ Non-Exe			Friable F	edure				
					1111	ation	7							-	Ab	atem	ent T	ype
Location of		08.4	,		Norm	nally olely l	nv.			Description of		.				_		
Asbestos-Containing N TO BE ABA		CIVI	1)			nance				Containing Ma ermal systems		1)	Amo (Spe		em	Repair	nca	nck
IN Facility				Cus		al Sta	ff?	(,,,0		surfacing, VAT	or		SF or)	Removal	=	Encapsulate	Enclosure
(13)			+	Yes	(12 No		N/A		ot	ther miscellane	ous)						late	CO.
Ground floor hallways	· · · · · · · · · · · · · · · · · · ·			Π	N	-	7	Floor til	le				150	-		П		П
Ground floor storage								vinyl flo	3316	na			65 \$	-				
				$\overline{\Box}$			7							-				
							100							_				님
Name of Registered Waste	Hauler							Vaste	Cul	bic Yards of	Name of	Register	ed Lasc		Ц	Ш	Ш	Ш
BRISTOL ENVIRONM		.IN	IC.		- 1	Haul		No.	277.016	iste		.W.S. N		NDF	ILL			
City, State						10	, 00		Dis	posal Date	City, Stat	te						
BRISTOL, PA 19007												RISVILL	E, PA)67				
Completed By (Print or Type	oe)		Title							Signature	1 1	/		Date	,	/		
Brian Scafiro			Es	timat	tor					Dream	Scalin	a/-	il	4,	17	/1	5	

ASB-41 MAY 11 B 5 1 5 0 3 4

^{*} Do not use this form for asbestos licensure exempted activities.

APPROVED: NJ OH

Date of Notification (1)				Nar	ne of Buildir	g Owner/Operator	(2) 9815 /	LFR 21	EHA I	: 15	- / -	_	
4 / 15	/1	5				ownship Board		411121	Pit i		#		
Agencies Notified Type No	tification	5		Stre	et Address		# 10 mm	25100	, la 1 1	14 -	i	_	
☐ EPA ☐ Initial				2	565 Prince	eton Pike		LICE	SING				
☑ DOLWD ☐ Amer				_	, State, Zip	CHANGE CONTRACTOR		E 1.7 VI					
16-77-77 S S S	ndment #		-		awrencev								
	gency (in cation)	nciuain	g	Nan	ne of Conta	at .		Teleph	Numb	ner.			
Cano				Green .	en Varnur	550		relepti					
						NFORMATION							
Name of Facility Where Abatement	is Takin	n Plan	a /31	Г.	ACILITY	NFORMATION	T	(4)					
Lawrence Township Public				Blda			Type of Facility ☐ School (K-12)						
Street Address	OCHOO	i i aci	ilues	Diag	•		Subchapter		n K-12)				
45 Princess Diane Lane							Other (i.e., p	rivate an	ommer		uildin	gs,	
City (5)							homes, etc.)			1=		1112	
Ewing							Square Feet	# of F	rs	BI	ldg. A	ige	
				10.		71/07-175-1-15-1-1-1							
County (6) MERCER				100	unty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if bein	emolish	ned)			
	S -11-21	^	(0)	100			1						
Name of Monitoring Firm Hired by B	Building	Owner	(8)	ASC	M No.	Name of Abatem							
TTI Environmental Inc.							VIRONMENTA	L, INC.					
Street Address						Street Address			Illusia, sand	8			
1253 N Church St						1123 BEAVE							
City, State, Zip Code						City, State, Zip C							
Moorestown, NJ 08057						BRISTOL, PA	19007						
Project Manager for Monitoring Firm	1			ephon		Telephone No.		Licen	No.				
Mike Stocku	-			are en laceros	4-3969	215-788-6040)	004	1				
Start Date (10)	Sched				Date (11)	Name of OSHA N							
4 /16 /15	1 12 <u></u>	4/	2	1_ /	15	BRISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status During Abateme	nt (Chec	k only	one)			Street Address	(4						
☐ Facility Closed/Vacated During B						1123 BEAVE	R STREET						
Abatement Performed Outside on Time of Abatement: 7:00AM-4:						City, State, Zip Co	ode		-				
Time of Abatement. 7.00AW-4.	30FIVI/_		IVI	^	VI	BRISTOL, PA	19007						
Scope of Work (Check all that apply)						5 8 126 201						
☐ >3 sf or >3 lf		⊠ Re	enovat	ion		☐ Full Cont	ainment with Neg	gative Pre	ire				
≥160 sf or ≥260 lf		41111	moliti			Glovebag							
600A						Non-Exe	mpted (*) and No	n-Friable	cedure	ž			
		0.00	Loca Norma	100000						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	CM)		d Sol		Asho	Description o stos Containing Ma	The state of the s	Am	nt	R	R	Ш	E
TO BE ABATED	O.v.,	USA NO	intena		(i.e	., thermal systems i		(Sp	ý	Remova	Repair	ıcar	Clo
IN Facility		Cus	todial (12)			surfacing, VAT,		SFc		val	-	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)					ate	
2 nd Floor Room 2017					Floor ti	le		120	F				
2 nd Floor Room 2017		П			Mastic			160	F				
Ground floor Storage Room				 	Floor ti	e		500	=		H		
Ground floor Storage Room					Mastic		,	600	=				
Name of Registered Waste Hauler				JDFP	Waste	Cubic Yards of	Name of Regis		1	Ш			
BRISTOL ENVIRONMENTAL	INC		10000	lauler	ID No.	Waste	G.R.O.W.S		ANDF	11.1			
				1870	6	Diametria	Property (International Control of the	TINOF	MINDE	166			
City, State						Disposal Date	City, State						
BRISTOL, PA 19007	,				<u> </u>	<u> </u>	MORRISVII	LLE, PA	067				
Completed By (Print or Type)	Title					Signature	0 0-	1-0	Date	,	,	_	7-04-07
Brian Scafiro													
Briair Scalifo	Es	stimat	or			Drian	Scafers,	1 gl	4,	15	1/13	5	

State of New Jersey FICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)		1:15				
4 / 1	5 /	15	_		Law	rence To	ownship Board	of Education	21	1 1 4 4				
Agencies Notified Ty	pe Notific	cation			Street	Address		20 20 20 20	V	141110				
□ EPA 🗵	Initial				256	5 Princet	on Pike	#John Edi	100	1211101				
☑ DOLWD □] Amende			1	City, S	tate, Zip C	ode		11,114.1					
☑ DHSS	Amendr	_			Law	rencevil	le							
□ DCA (NJAC 5:23-8)	Emerge justifica		cluding	1	Name	of Contact			Telep	e Numbe	r			
	Cancella				Ben	Varnum	ñ							
Ju-					EAC	NI ITV IN	FORMATION			100000000000000000000000000000000000000				
Name of Facility Where Aba	tement is	Taking	Place	(3)	IA	ZILIT IN	TORWIATION	Type of Facility	(4)					
Lawrence Township P					Ida			School (K-12						
	ublic 3	CIIOOI	raciii	ues L	nug.			Subchapter 8		an K-12)				
Street Address								Other (i.e., p		commerci	al bu	lding	s,	
45 Princess Diane Lar	ne							homes, etc.)	# of	ors	Die	lα Λο		
City (5)								Square Feet	# 01	1015	Bic	lg. Ag	je	
Ewing					1.		VOTATE !!!!! !!!!!!	0 111 (D	a if h a	de es elle b	/\			
County (6)					Cour	ity Code (/)(STATE USE ONLY)	Current Use (Pr	or it be	demolish	ea)			
MERCER														
Name of Monitoring Firm Hir	ed by Bu	ilding C	wner (8)	ASCM	No.	Name of Abateme							
TTI Environmental Inc							BRISTOL EN	VIRONMENTA	L, INC					
Street Address				100			Street Address							
1253 N Church St							1123 BEAVE	R STREET						
City, State, Zip Code							City, State, Zip Co	ode						
Moorestown, NJ 0805	7						BRISTOL, PA	19007						
Project Manager for Monitor	ing Firm			Tele	phone	No.	Telephone No.		Lice	∍ No.				
Mike Stocku				60	9-304	-3969	215-788-6040)	0)9				
Start Date (10)		Sched	uled C	omple	tion Da	te (11)	Name of OSHA N	Monitor						
4 / 16 / _	15		4/	_21	_ /	15	BRISTOL EN	VIRONMENTA	L, INC					
Occupancy Status During At		(Check	only	ne)			Street Address			-				
☐ Facility Closed/Vacated [nent		1123 BEAVE	R STREET						
☐ Abatement Performed Ou						cribe	City, State, Zip Co	3.5945						
Time of Abatement: 7:00							BRISTOL, PA							
Scope of Work (Check all the	at apply)				-		D. (10.102, 1.1							
Scope of Work (Check all the	at apply)							tainment with Ne	gative F	sure				
≥3 sf or ≥3 lf				novati			Mini-End							
≥160 sf or ≥260 lf			∐ De	molitic	n		☐ Gloveba	g Procedure empted (*) and No	n-Friat	Procedure	1			
			le	Locat	ion	T				-	Ab	atem	ent T	vne
Location of			9333	Norma			Description of	of				_		1
Asbestos-Containing Ma	terial (AC	CM)		d Sole			stos Containing Ma	aterial (ACM)	F	ount	Removal	Repair	nca	Enclosure
TO BE ABATE	D		0.500	intena todial		(i.e	e., thermal systems surfacing, VAT		S	cify r LF)	ova	ai.	sde	uso
IN Facility (13)				(12)			other miscellane			1 21 /	_		Encapsulate	-G
(1.5)			Yes	No	N/A									
Ground floor hallways						Floor ti	le		1	SF	\boxtimes			
Ground floor storage ro	oms					vinyl flo	ooring			SF				
Ground not consider														
											П	П	П	П
N C -internal Wants I	Harda-				JDEP	Masta	Cubic Yards of	Name of Regi	stered I	dfill				
Name of Registered Waste I		INIC		1000	auler II	5.25.55	Waste	G.R.O.W.S		LANDE	11.1			
BRISTOL ENVIRONME	ENIAL,	INC.			1870		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10/10/10/10/10/10/10		LANDI				
City, State							Disposal Date	City, State						
BRISTOL, PA 19007								MORRISV	ILLE,	19067				
Completed By (Print or Type)	Title	9				Signature	0 0	1-	Dat	e /	-1 -	/	
Brian Scafiro		E	stima	tor			Prian	- Scolero	14	9	415	115		
ASR-41 0	-//								-		/			

NO CK

Date of Notification (1)					Name of Building Ov VERIZON	vner/Operator (2)	17		-		
	15				Street Address			-			
	lotification				126 LAKESIDE BLVE).	\$555 LF1		.6.1	1	
DEP X A	nitial Notific Amended No Cancellation	Votifica		#1	City, State, Zip Code LANDING, NEW JER Name of Contact	SEY 07850	Telephone N	ber		- I	
DCA E	MERGEN	ICY N	OTIF				-				
him of Familia 1875 and 6 had and	et in Talsin	# Dia	00 (2)		ACILITY INFORMATION	Town of Facility	. (4)				
Name of Facility Where Abatemen	R IS TAKIN	ig Pia	ce (s)			Type of Facility School (K-	5.00500				
VERIZON							er 8 (Other tha	-12) bldgs.	, home	es, etc.)
Street Address						Square Feet	# of Floo		200	g. Age	
71 MADISON AVENUE					0	113,347	5	ahad)		40 m. Lal	-
	County (6)		ITY	windstaking	County Code (7) (STATE USE ONLY)	Current Use (Pri COMMUNICAT		shed)	Plia	III. Lai	٠.
Name of Monitoring Firm Hired b		the state of the state of the			ASCM No.	Name of Abate		(9)			
ESIS HEALTH & SAFETY					17	PAR ENVIRON	MENTAL COF	DRATI	NC		
Street Address						Street Address	OK BOAD				
436 WALNUT STREET City, State, Zip Code						City, State, Zip 0		-			
	ILADELPH	IIA, P	A 191	06		SUFFERN, NEV					
Project Manager for Monitoring Firm			Telep	hone !	lumber	Telephone Num	ber	ense N	lumber		
FRANK WESTFALL	10		1	540-53		845-369-7500		01			
Expected State Date (10)		Sche			on Date (11)	Name of OSHA)	#11	480	
4 / 20 / Month Day Yea	15 er	Mo	nth 4	I	15 /16 Day Year	AMERISCI LAB	UKA I UKIES	,	#11	400	
Occupancy Status During Abatement						Street Address					-
Facility Closed/Vacated						117 EAST 30TH	STREET				
Abatement Performed C X Other - Describe:	NONDAY-					City, State, Zip 0	nde:				
Other - Describe.	VIONDA I -	INDA	11//	141-0.00	I IVI		W YORK, NE	YORK	10016		
Scope of Work (Check all that apply						inment with Negat	tive Pressure				
Demolition	X	Reno	vation		Mini-Encl	7 4 No					
>3SF OR LF x >160 SF OR 260 LF						Procedure					
Location of	-	ls	Locat	ion I	Description of As				Abaten	nent Ty	/pe
Asbestos-containing			mally		Containing Materi		Amount	-			
Material (ACM)		D	olely I	- 1	(ie. Thermal sy		(Specify	REMOV	REPAIR	ENCAPSULE	ICL
TO BE ABATED			nt/Cus		insulation, surfaci		SF or LF	VAL	77	PSI	180
in Facility (13)		Yes	taff (1 No	2) N/A	or other miscella	aneous)				1	ENCLOSURE
WINDOWS NORTH & SOUTH		1			EXT. WINDOW LOUVER,	DOOR CAULK	1,120 LF	X			
FAÇADE AND PENTHOUSE					EXPANSION CAULK		600 LF	×			
FACADE NORTH & SOUTH ELEV	ATION				CRACK SEALANT		660 LF	X			
FAÇADE NORTH ELEVATION					RED COATING		1,600 SF	X			
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		-	-				-	+	+	+-	
			-				1	-	+	1	\vdash
							<u> </u>				
Name of Registered Waste Hauler		-	EP W		Cubic Yards of Waste	Name of Registe					\vdash
EXPRESS WASTE LLC 614 FRELINGHUYSEN AVENUE		maule	er ID I 1593		120	110 SAND CO. BETHPAGE/SP					
City, State			, 550		Disposal Date	City, State		-	1	7	7
NEWARK, NEW JERSEY 07114	1				04/20/15-06/30/2015	MELVILLE, NY	11704	- 2			/
Completed by (Print or Type) BENJAMIN SANCHEZ	Title	CTO	ROF	OPER	ATIONS Signature	XX		te 4	//	1)/	// 1
THE THE PARTY OF T	DIKE		. 01	J. L.		100		-/	1	-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				JAC 8:60-7 and 12						
Date of Notification (1)			1	Name of Building /ERIZON	Owner/Operate	or (2)				
4 / 20	/15			Street Address						
Agencies Notified Ty	pe Notifica	ation				(15 FF) 21	W.	1	I	_
EPA X	Initial N	Votification		26 LAKESIDE BL		ika na man				
DEP X DOL	Ameno	ded Notification		ity, State, Zip Cod ANDING, NEW Ji	e ERSEY 07850				i.	
X DOH DCA	On Hol	ld	N	ame of Contact						
		GENCY NOTIFI	CATION D	OUGLAS O'HARE	≣	Telephone	nhar			
Name of Facility Where Abater	nent is T	aking Diago (2)	FACILITY	Y INFORMATION						_
VERIZON	inchic is 1	aking Place (3)			Type of Fac	cility (4) I (K-12)				_
						apter 8 (Other tha	* 40	. Th		
Street Address					X Other	(ie. private & com	(-12)			
71 MADISON AVENUE					Square Fe	et # of Floo	. DIO		omes,	
City (5)	Country	(0)			113,347				Bldg. A	
JERSEY CITY	County	(6)	Co	unty Code (7)	The state of the s	(Prior if being der			40	
Name of Monitoring Firm Hired	hir Build	N COUNTY	(STA	TE USE ONLY)	COMMUNIC	ATION BUILDING	shed	d) F	harm.	La
ESIS HEALTH & SAFETY	by Build	ing Owner (8)		ASCM No.	Name of Aha	atement Contrac	(0)			
Street Address	-			17	PAR ENVIRO	ONMENTAL COF	(9)	TIO		
436 WALNUT STREET					Street Addres	SS SS	IKA	TION		
City, State, Zip Code	_				313 SPOOK					
D	HII ADEI	PHIA, PA 19106		976	City, State, Zi	D Code	_			_
Project Manager for Monitoring Fir	חשרשה				SUFFERN N	EW YORK 1090				
FRANK WESTFALL			ne Number		Telephone Nu	Imber Ti	Pos	Nive		_
Expected State Date (10)		215-640)-5320		845-369-7500		nse	Numi	per	
4 / 20	14.5	Sched. Com	oletion Date ((11)	Name of OSH		1			
Month Day V.	/15 ar	4/	15		AMERICALA	BORATORIES II				
2007	aı	Month	Day		P WILLIAMON DA	DUKATURIEST		#	11480	
Occupancy Status During Abateme	nt (Chaol	4 amb	Day	Year	1					
L dollity Clused/Vacated	During	ation D		Year						
Abatement Performed	During	ation D			Street Address	3	_			_
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Abatement Performed (X Other - Describe: Scope of Work (Check all that apply Demolition >3SF OR LF x >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) CORS 4 & 5 WEST ELEVATION CADE (THROUGHOUT) CADE (THROUGHOUT) CADE (THROUGHOUT) CADE (THROUGHOUT)	During E Dutside of MONDAY) X	ntire Period of Al Normal Facility IV-FRIDAY 7AM-3 Renovation Is Location normally used solely by Maint/Custodia Staff (12) Yes No N/A X X X JUEP Waste	externent Hours - Description 1:30 PM	Full Contain Mini-Enclos Glovebag Non-Friable Description of Asbontaining Material (ie. Thermal systisulation, surfacing or other miscellane OW LOUVER, DON CAULK ALANT	Street Address 117 EAST 30T City, State, Zip NE nment with Nega Procedure Pr	Amount (Specify SF or LF) 1,120 LF 660 LF 1,600 SF	REMOVAL	1001	ment T	yp
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Date of Notification (1)						ne of Building O	wner/Operator (2	2)	7			
4 / 17	/15								_			
	Notification	חח				et Address	ENUE, P.O. BOX	2000 BYON				
EPA DEP X DOL	Initial Not Amended Cancellat	ificatio I Notifi		#7	City,	State, Zip Code IWAY, NEW JEF		. 2000, RY28-		1 14	e au	
X DOH DCA	On Hold EMERGE	ENCY	NOTI	FICAT	ION MIKE	e of Contact E LATRONICA		Telephone I	nhar			
Name of Facility Where Abateme	nt ic Tak	ing DI	000 /	>\	FACILITY II	NFORMATION	-					
MERCK SHARP & DOHME CORE		1700	ace (>)				(-12) er 8 (Other tha	(-12)			
Street Address	-							private & com	. bldgs			
126 EAST LINCOLN AVENUE - B	UILDING	33					Square Feet 96,000	# of Floo		Blo	g. Age 49	3
City (5)	County (6)			Cour	nty Code (7)	Current Use (P		ished)			-
RAHWAY	UNION				(STATI	E USE ONLY)	VACANT		0.000 a 00 k			
Name of Monitoring Firm Hired E ENVIRONMETAL HEALTH INVES	y Buildir TIGATIO	ng Own	ner (8 IC.)		ASCM No. 17	Name of Abate PAR ENVIRON		r (9) DRATI	NC		
Street Address							Street Address					\neg
655 WEST SHORE TRAIL City, State, Zip Code							313 SPOOK RO	The second second second	_			
	RTA, NEV	N JER	SEY	07871			City, State, Zip					
Project Manager for Monitoring Firm	1		Tele	phone	Number		Telephone Num		ense N	lumbe	r	-
WILLIAM S. KERBEL, CIH			973	729-5	649		845-369-7500		01			
Expected State Date (10)		Sch		Children Control	etion Date (1	27.00.57%	Name of OSHA					\neg
11 / 5 Month Day Ye	/14 ar	М	onth (3 /	15 Day	/15 Year	AMERISCI LAB	ORATORIES	3	#11	480	1
Occupancy Status During Abateme	nt (Check	only o	ne)			i cui	Street Address		-			-
X Facility Closed/Vacated Abatement Performed C	During En outside of	ntire Pe Norma	eriod o	of Aba	tement ours - Describ	oe:	117 EAST 30TH	HSTREET				
X Other - Describe:	MONDAY	-SAT	URDA	Y 5PI	VI-1:30AM		City, State, Zip (\neg
Scope of Work (Check all that apply	ď				1	Eul Casta		W YORK, NE	YORK	10016		
Demolition	X	Reno	ovation	1		Mini-Enclo	inment with Negat	uve Pressure				
>3SF OR LF	0.000	_				Glovebag	Procedure					
x >160 SF OR 260 LI		1					e Procedure					
Location of Asbestos-containing			Loca mally		1	Description of As				baten		
Material (ACM)			solely			ontaining Materia (ie. Thermal sys	70000 (CC)	Amount (Specify	REMOV	REPAIR	ENCAP	ENCLO
TO BE ABATED			nt/Cus	*	in	sulation, surfacir		SF or LF	10/	AIF	AP	15
in Facility (13)			taff (1			or other miscellar	neous)		A	~	SULE	SURE
		Yes	No	N/A							im	I A
4TH FLOOR ROOM 406		X	-	-	SPRAY ON	INSULATION		80 SF	X		_	
ADDITION TO SCOPE:		-	_						1	-		
ROOF		X			BUILT UP F	ROOFING		16,000 SF	X			
PEDLICTION IN SCORE (SEE BEI	0140	-	_	_					-			\square
REDUCTION IN SCOPE (SEE BEL	.OW)	\vdash			<u> </u>				+			
4TH FLOOR ROOM 418		X				INSULATION		40 SF	X			
5TH FLOOR ROOM 551		X			SPRAY ON	INSULATION		40 SF	X			
6TH FLOOR ROOM 613		Х			SPRAY ON	INSULATION		40 SF	X			
REEHOLD CARTAGE, INC. Hauler ID No. 15939						s of Waste 320	Name of Registe LYCOMING COI 447 ALEXANDE	UNTY RESOL	E MAN	 AGE	MENT	SER
FREEHOLD, NEW JERSEY					Disposal Da 9/15-08/15/2		City, State	, PA 17752		1	1	-
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	СТОР	ROF	OPER	ATIONS	Signature	7/8	Ţi	4	11	7/1	15

_ NO C	K	<		State of	Now Jorgan						
NU	- 1	1		ATION OF A	New Jersey ASBESTOS ABA C 8:60-7 and 12:		92				
Date of Notification (1)			(i dioc	Nan	ne of Building C	Owner/Operato	CC-800-80				
3 / 16 /1	15			Stre	eet Address						
Agencies Notified Type N	otification	1		126	E. LINCOLN AV	ENUE, P.O. B	OX 2000, RY28-2	1441		F - 1	16 -
DEP x A	nitial Notif mended l	Notificat	tion #6		, State, Zip Code HWAY, NEW JE					v	
	ancellation	n		Nan	ne of Contact		Telephone	nher			
		VCY NO	OTIFICAT	ION MIK	Œ LATRONICA		i eleptione i		3700		
Name of Facility Where Abatemen	t is Takir	ng Plac	e (3)	FACILITY	NFORMATION	Type of Fac	ility (4)	-			
MERCK SHARP & DOHME CORPO		Ω.				School Subchi	(K-12) apter 8 (Other tha	(-12)			
Street Address						X Other (ie. private & com et # of Floo	. bldgs		es, etc g. Age	
126 EAST LINCOLN AVENUE - BUI	LDING 3	3				96,000	7		Did	49	
RAHWAY	ounty (6 NION			10-40-51 (CO) (CO)	inty Code (7) TE USE ONLY)	Current Use VACANT	(Prior if being de	ished)			
Name of Monitoring Firm Hired by					ASCM No.		atement Contra	r (9)	2000		
ENVIRONMETAL HEALTH INVEST Street Address	IGATION	is, inc			17	Street Addre	ONMENTAL CO	ORATI	ON		
655 WEST SHORE TRAIL						313 SPOOK	ROCK ROAD				
City, State, Zip Code	TA NEW	IFRSE	EY 07871			City, State, Z	ip Code NEW YORK 1090	No.			
Project Manager for Monitoring Firm	, , , , , , , , , , , , , , , , , , ,		Telephone			Telephone N		ense N	lumbe	Г	
WILLIAM S. KERBEL, CIH		9	73-729-5	649		845-369-750	0	01			
Expected State Date (10)		Sched		etion Date (\$5.00 \$70	Name of OSI		1217	manage:	20000000	
11 / 5 /1 Month Day Year		Mon	8 / th	Day	5 /15 Year	AMERISCI L	ABORATORIES	0	#11	480	
Occupancy Status During Abatement						Street Addres					
X Facility Closed/Vacated D Abatement Performed Out	uring Ent	ire Peri	od of Aba	tement	iha:	117 EAST 30	TH STREET				
			5 PM-3		ibe.	City, State, Z	ip Code				
Cooperativists (Observed Bulletin							NEW YORK, NE	YORK '	10016		
Scope of Work (Check all that apply) Demolition	X	Renova	ation		Mini-Encl	ainment with Ne os	gative Pressure				
>3SF OR LF						g Procedure					
x >160 SF OR 260 LF			n 100 / 100		1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2	ole Procedure					
Location of Asbestos-containing			ocation ally used		Description of As Containing Mater		Amoun	-	T	nent Ty	-
Material (ACM)			ely by		(ie. Thermal sy		(Specifi	EM	REPAIR	NC	NC N
TO BE ABATED			Custodial	i	insulation, surfac		SF or LF	REMOVAL	₽R	APS	SO
in Facility (13)		Yes N	ff (12) lo N/A	1	or other miscella	aneous)		15		ENCAPSULE	ENCLOSURE
4TH FLOOR ROOM 406		х		SPRAY O	N INSULATION		80 SF	Х			111
ADDITION TO SCOPE:											
ROOF		х		BUILT UP	ROOFING		16,000 SF	X			
REDUCTION IN SCOPE (SEE BELO	OW)							1			
4TH FLOOR ROOM 418		х		SPRAY OF	N INSULATION		40 SF	X			
5TH FLOOR ROOM 551		х			N INSULATION		40 SF	X			
6TH FLOOR ROOM 613		х			N INSULATION		40 SF	X	1		
		-		10.1011 01	THOOLATION		70 01	1^			
Name of Registered Waste Hauler			Waste	Cubic Yard	ds of Waste		stered Landfill				
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		Hauler 15	ID No. 5939		320		COUNTY RESOL	DE MAI	VAGE	MENT	SER
City, State		10	200	Disposal D	ate	City, State	DER DRIVE/RO	<u>=</u> 15	970		
FREEHOLD, NEW JERSEY	Trans.			9/15-08/15	/2015	MONTOOME	RY PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRE	CTOR	OF OPER	RATIONS	Signature	SXC	5	3/	16	1/	5

Title DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ÁBATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) MERCK SHARP & DOHME CORP. /14 Street Address Agencies Notified Type Notification 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY2 **EPA** 14 8 Initial Notification City, State, Zip Code DEP Amended Notification #5 RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY NOTIFICATION Telephone mber MIKE LATRONICA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) MERCK SHARP & DOHME CORPORATION School (K-12) Subchapter 8 (Other th K-12) Street Address Other (ie. private & cor cl. bldgs., homes, etc.) 126 EAST LINCOLN AVENUE - BUILDING 33 Square Feet # of Flo Bldg. Age City (5) 96,000 7 County (6) 49 County Code (7) RAHWAY Current Use (Prior if being de UNION olished) (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) VACANT ENVIRONMETAL HEALTH INVESTIGATIONS, INC. ASCM No. Name of Abatement Contra or (9) 17 PAR ENVIRONMENTAL CO Street Address **ORATION** 655 WEST SHORE TRAIL Street Address City, State, Zip Code 313 SPOOK ROCK ROAD City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm SUFFERN, NEW YORK 1090 Telephone Number Telephone Number WILLIAM S. KERBEL, CIH ense Number 973-729-5649 Expected State Date (10) 845-369-7500 Sched. Completion Date (11) 11 Name of OSHA Monitor 11/ /14 3/ /15 AMERISCI LABORATORIES Month Day Year Month #11480 Occupancy Status During Abatement (Check only one) Day Year Facility Closed/Vacated During Entire Period of Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 117 EAST 30TH STREET Other - Describe: Monday -Friday 5am-1:30 pm City, State, Zip Code Scope of Work (Check all that apply) NEW YORK, NEV **ORK 10016** Full Containment with Negative Pressure Demolition Renovation Mini-Enclos >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Asbestos-containing normally used Abatement Type Containing Material (ACM) Material (ACM) Amount REPAIR solely by REMOVAL ENCAPSULE (ie. Thermal systems ENCLOSURE TO BE ABATED (Specify Maint/Custodial insulation, surfacing, VAT, in Facility (13) SF or LF) Staff (12) or other miscellaneous) Yes No N/A 4TH FLOOR ROOM 406 X SPRAY ON INSULATION 80 SF X ADDITION TO SCOPE: ROOF X BUILT UP ROOFING 16,000 SF X REDUCTION IN SCOPE (SEE BELOW) 4TH FLOOR ROOM 418 X SPRAY ON INSULATION 40 SF 5TH FLOOR ROOM 551 X X SPRAY ON INSULATION 40 SF 6TH FLOOR ROOM 613 X X SPRAY ON INSULATION

Name of Registered Waste Haule

FREEHOLD CARTAGE, INC.

FREEHOLD, NEW JERSEY

Completed by (Print or Type

BENJAMIN SANCHEZ

825 HIGHWAY 33

City, State

NJDEP Waste

15939

DIRECTOR OF OPERATIONS

Hauler ID No.

Title

Cubic Yards of Waste

Disposal Date

9/15-03/30/2015

320

Signature,

40 SF

Dat

MANAGEMENT SER

Name of Registered Landfill

MONTGOMERY PA 17752

City, State

LYCOMING COUNTY RESOURC

447 ALEXANDER DRIVE/ROUT

/		State of New Jersey ATION OF ASBESTOS ABAT Pant to NJAC 8:60-7 and 12:1					
See at a section seems as a second		Name of Building O	wner/Operator (2)				
Date of Notification (1)		MERCK SHARP & D	OHME CORP.				
10 / 24 /14		Street Address					
Agencies Notified Type Noti	fication	126 E. LINCOLN AV	ENUE, P.O. BOX 2000, RY28-	4		, sag Jan	
DEP X Ame	al Notificatior ended Notification #4 ncellation	City, State, Zip Code RAHWAY, NEW JEF					
X DOH 🔏 On	Hold ERGENCY NOTIFICA	Name of Contact	Telenhone	nher			
BCAEIVII	ENGENOT NOTIFICA	FACILITY INFORMATION		-			
Name of Facility Where Abatement is	s Taking Place (3)	PACILITY INFORMATION	Type of Facility (4)	-	_		
			School (K-12)				
MERCK SHARP & DOHME CORPOR	RATION		Subchapter 8 (Other th X Other (ie. private & con		hom	nes. e	etc.)
Street Address 126 EAST LINCOLN AVENUE - BUIL	DING 33		Square Feet # of Flor 96,000 7		Bldg	. Age	
City (5) Cou	inty (6)	County Code (7)	Current Use (Prior if being de VACANT	olished)			
Name of Monitoring Firm Hired by E	ACA-012617	(STATE USE ONLY) ASCM No.	Name of Abatement Contra	or (9)			
ENVIRONMETAL HEALTH INVESTIG		17	PAR ENVIRONMENTAL CO		N		
Street Address			Street Address				
655 WEST SHORE TRAIL City, State, Zip Code			313 SPOOK ROCK ROAD City, State, Zip Code	-			
	, NEW JERSEY 0787	L	SUFFERN, NEW YORK 109				
Project Manager for Monitoring Firm	Telephon	e Number	Telephone Number	ense Nu	ımbeı		
WILLIAM S. KERBEL, CIH	973-729-		845-369-7500	01			
Expected State Date (10) 10 / 20 /14	Sched, Compl	etion Date (11) 30 /14	Name of OSHA Monitor AMERISCI LABORATORIES	С	#1	1480	
Month Day Year	Month	Day Year	TWENTON ENDOTONICE	Ü	π ι	1400	
Occupancy Status During Abatement X Facility Closed/Vacated Du Abatement Performed Outs X Other - Describe: MOI	uring Entire Period of A	Hours - Describe:	Street Address 117 EAST 30TH STREET City, State, Zip Code	-			
		5 7 HVI	NEW YORK, NE	YORK 1	0016		
Scope of Work (Check all that apply) Demolition x >3SF OR LF	X Renovation	X Mini-Enclo	Procedure				
>160 SF OR 260 LF Location of	la Lacation		le Procedure	T			
Asbestos-containing	Is Location normally used	Description of As Containing Mater				ent T	
Material (ACM)	solely by	(ie. Thermal sy	stems (Specif	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TO BE ABATED	Maint/Custodia			\ <u>\</u>	Ī	PS	.os
in Facility (13)	Staff (12) Yes No N/A	or other miscella	aneous)			ULE	뮨
4TH FLOOR ROOM 406	x	SPRAY ON INSULATION	80 SF	х			
REDUCTION IN SCOPE (SEE BELOV							
4TH FLOOR ROOM 418	X	SPRAY ON INSULATION	40 SF	X			\vdash
5TH FLOOR ROOM 551	X	SPRAY ON INSULATION	40 SF	X			-
6TH FLOOR ROOM 613	X	SPRAY ON INSULATION	40 SF	X			
No.							
Name of Registered Waste Haule FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOI 447 ALEXANDER DRIVE/RC		AGE	MENT	SER
City, State FREEHOLD, NEW JERSEY	12	Disposal Date 9/15-12/15/2014 /	Gity, \$1210/ MONTGOMERY, PA 17752		,		/
Completed by (Print or Type BENJAMIN SANCHEZ	Title DIRECTOR OF OPER	RATIONS Signature	5188	te/O	1	24	/14

Date of Natification (4)		Name of Building O	200 M	
Date of Notification (1)		MERCK SHARP & D	OHME CORP.	
Agencies Notified Type Notification		Street Address	ENVIE D.O. DOVI COCO. DVCC	
Agencies Notified Type Notification			ENUE, P.O. BOX 2000, RY28-4	
	Notification #3	City, State, Zip Code RAHWAY, NEW JEF	RSEY 07065	
X DOH On Hold EMERGE	NCY NOTIFICAT		Telephone I	nber
Name of Facility Where Abatement is Tak	ing Place (2)	FACILITY INFORMATION	TT - 45 - 374 - 46)	
Name of Facility Where Abatement is Tak	mg Place (3)		Type of Facility (4) School (K-12)	
MERCK SHARP & DOHME CORPORATIO	N		Subchapter 8 (Other the X Other (ie. private & com	(-12) I. bldgs., homes, etc.)
Street Address 126 EAST LINCOLN AVENUE - BUILDING	33		Square Feet	Bldg. Age 49
City (5) County (RAHWAY UNION	6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being de VACANT	ished)
Name of Monitoring Firm Hired by Buildir		ASCM No.	Name of Abatement Contra	r (9)
ENVIRONMETAL HEALTH INVESTIGATIO	NS, INC.	17	PAR ENVIRONMENTAL CO Street Address	ORATION
655 WEST SHORE TRAIL			313 SPOOK ROCK ROAD	
City, State, Zip Code			City, State, Zip Code	
Project Manager for Monitoring Firm	V JERSEY 07871 Telephone	Number	SUFFERN, NEW YORK 109 Telephone Number	ense Number
WILLIAM S. KERBEL, CIH	973-729-5		845-369-7500	01
Expected State Date (10)	Sched. Comple	400 A B B B B B B B B B B B B B B B B B B	Name of OSHA Monitor	
10 / 20 /14 Month Day Year	12 / Month	30 /14 Day Year	AMERISCI LABORATORIES	C #11480
Occupancy Status During Abatement (Check	only one)		Street Address	-
X Facility Closed/Vacated During El Abatement Performed Outside of			117 EAST 30TH STREET	
	FRIDAY 5 PM- 3		City, State, Zip Code	-
Scope of Work (Check all that apply)		Eull Conta	NEW YORK, NE	YORK 10016
Demolition X	Renovation	X Mini-Enclo	inment with Negative Pressure	
x >3SF OR LF			Procedure	
>160 SF OR 260 LF Location of	Is Location	Description of As	le Procedure	Abetement Tune
Asbestos-containing	normally used	Containing Materi	**************************************	Abatement Type
Material (ACM)	solely by	(ie. Thermal sy		ENCLOSU ENCAPSU REPAIR
TO BE ABATED in Facility (13)	Maint/Custodial Staff (12)	insulation, surfaction or other miscella		PSU PSU PSU
domy (10)	Yes No N/A	or other miscens	neous)	ULE URE
4TH FLOOR ROOM 406	х	SPRAY ON INSULATION	80 SF	x
REDUCTION IN SCOPE (SEE BELOW)		1		
4TH FLOOR ROOM 418	X	SPRAY ON INSULATION	40 SF	X
5TH FLOOR ROOM 551	X .	SPRAY ON INSULATION	40 SF	X
6TH FLOOR ROOM 613	X	SPRAY ON INSULATION	40 SF	X
N (5)				
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESO	CE MANAGEMENT SER
825 HIGHWAY 33 City, State	15939	Disposal Date	447 ALEXANDER DRIVE/RO	E 15
FREEHOLD, NEW JERSEY		9/15-12/15/2014	MONTOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ DIR	ECTOR OF OPER	RATIONS Signature	788	te 10/16/14

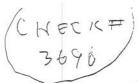
EPA DEP X Amended Notification #2 Cancellation DCA Cancellation On Hold DCA EMERGENCY NOTIFICATION Name of Contact MIKE LATRONICA School (K-12) Subchapter 8 (Other t X Other (ie. private & co Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 STOOL (STATE USE ONLY) ONLON (STATE USE ONLY) Name of Abatement Control (Street Address Street State Street Stat	IK-12) Icl. bldgs or (9) PORATIO	Blo)	omes, dg. Ag 49	
Agencies Notified EPA	imber K-12) icl. bldgs olished) or (9)	Blo)	dg. Ag	
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DEP X Amended Notification #2 Cancellation On Hold EMERGENCY NOTIFICATION Name of Contact MIKE LATRONICA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION Street Address 126 EAST LINCOLN AVENUE - BUILDING 33 City (5) RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07065 RAHWAY, NEW JERSEY 0	icl. bldgs olished)	Blo)	dg. Ag	
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City, State, Zip Code SPARTA, NEW JERSEY 07871 City, State, Zip Code SUFFERN, NEW YORK 109	-			
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Project Manager for Monitoring Firm Telephone Number Telephone Number				
	cense N	lumbe	er	
	101			
10 / 20 ///	1C	#	11480	
Month Day Year Month Day Year	10	Ħ	11400	
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET				
Abatement Performed Outside of Normal Facility Hours - Describe:				
X Other - Describe: MONDAY-FRIDAY 5 PM- 3 AM City, State, Zip Code	1			
Scope of Work (Check all that apply) Full Containment with Negative Pressur	YORK 1	10016	3	
Demolition X Renovatior X Mini-Enclo:				
>3SF OR LF X >160 SF OR 260 LF Non-Friable Procedure				
The state of the s				
Location of Subsection Is Location Description of Asbestos- Asbestos-containing Naterial (ACM) Amour			nent 7	
Material (ACM) solely by (ie. Thermal systems (Specif	REMOVAL	REPAIR	ENCAP	ENCLO
TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or L in Facility (13) Staff (12) or other miscellaneous)	18	\ \f	APS	100
in Facility (13) Staff (12) Yes No N/A or other miscellaneous)	15		SULE	SURE
4TH FLOOR ROOM 406 X SPRAY ON INSULATION 80 SF	×		1111	m
Terrett eit mees their	1		\vdash	\vdash
REDUCTION IN SCOPE (SEE BELOW)				
4TH FLOOR ROOM 418 X SPRAY ON INSULATION 40 SF	X			
5TH FLOOR ROOM 551 X SPRAY ON INSULATION 40 SF	X			
6TH FLOOR ROOM 613 X SPRAY ON INSULATION 40 SF	X			
Name of Registered Waste HauleNJDEP Waste Cubic Yards of Waste Name of Registered Landfill				
FREEHOLD CARTAGE, INC. Hauler ID No. 10 LYCOMING COUNTY RESOLUTION	CE MAN	IAGEI	MENT	SER
825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/RC	E 15			
City, State Disposal Date City, State P/15-12/15/2014 DISPOSAL DATE	1		22.	
Completed by (Print or Type Title Signature	£7)/	10	1.	6
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS	0/	7/	17	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

S			(Pursi		8:60-7 and 12:						
Date of Notification (1)				Nam MER	e of Building C	Owner/Operator (2 DOHME CORP.	2)				
9 /	12 /14			Stree	et Address			-			
Agencies Notified	Type Not	ification		126	E. LINCOLN AV	ENUE, P.O. BOX	2000. RY28-4				
EPA	Initi	al Notificati	on		State, Zip Code			-		×	
DEP X DOL	Car	ended Notin	fication		WAY, NEW JE						
X DOH DCA		Hold ERGENCY	NOTIFICAT		e of Contact LATRONICA		Telephone N	ber			
Name of Engility Where	61-4			FACILITY IN	FORMATION						
Name of Facility Where	Apatement i	s Taking P	lace (3)			Type of Facilit					
MERCK SHARP & DOH	ME CORPOR	ATION				School (K Subchapte	-12) er 8 (Other tha	-12)			
Street Address						X Other (ie.	private & comr	bldgs.	hom	es, etc	o.)
126 EAST LINCOLN AV	ENUE - BUILT	DING 33				Square Feet	# of Floo		Bld	g. Age	2
City (5)		inty (6)		Coun	ty Code (7)	96,000 Current Use (Pr	7	1 D		49	
RAHWAY	UNI	ON			USE ONLY)	VACANT	- 10 10 10 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10	shed)			
Name of Monitoring Fir ENVIRONMETAL HEAL	m Hired by B	uilding Ow	mer (8)		ASCM No.	Name of Abate		(9)			
Street Address	THINVESTIG	ATIONS, I	NC.		17	PAR ENVIRON	MENTAL COF	RATIC	N		
655 WEST SHORE TRA	IL					Street Address 313 SPOOK RC	OCK ROAD				
City, State, Zip Code						City, State, Zip C	Code				
Project Manager for Moni	SPARTA	, NEW JEF	RSEY 07871	Niconalesa		SUFFERN, NEV		_			
WILLIAM S. KERBEL, C			Telephone			Telephone Numi	ber	ense Nu	ımber		
Expected State Date (10		Sch	973-729-5	tion Date (1	1)	845-369-7500 Name of OSHA	Manifer	1			
9 /	15 /14		10 /	9	/14	AMERISCI LAB			#11	480	
Month Day	Year	_ N	lonth	Day	Year				27 1 1	400	
Occupancy Status During X Facility Closes	Abatement (C d/Vacated Duri	neck only o	one) Period of Aba	tomont		Street Address					
Abatement Pe	rformed Outsi	de of Norm	al Facility Ho	urs - Describ	e:	117 EAST 30TH	SIREEI				
X Other - Descri	be: MON	DAY-FRID	AY 5 PM-3	AM		City, State, Zip C	ode				-
Scope of Work (Check all	that apply)			-		NE/	W YORK, NEV	ORK 1	0016		
Demolition	triat apply)	X Ren	ovation	-	X Mini-Enclo	inment with Negati	ve Pressure				
>3SF OR LF				ľ		Procedure					
X >160 SF OR	260 LF				Non-Friab	le Procedure					
Location		1000	Location		escription of As			At	patem	ent Ty	/pe
Asbestos-cor Material (A	_		mally used solely by	Co	ontaining Materia		Amount	RE	REPA	E	E
TO BE AB	33745 Y. J. S. L.		nt/Custodial	ins	(ie. Thermal sys		(Specify	REMOVAL	PA	ENCA	ENCL
in Facility	(13)		Staff (12)		or other miscella		SF or LF)	\S	70	PS(180
	38 35	Yes	No N/A							PSULE	OSURE
4TH FLOOR ROOM 406	*	X		SPRAY ON	INSULATION	575 5	80 SF45	х			
4TH FLOOR ROOM 418		X		SPRAY ON	INSULATION		40 SF	X			
5TH FLOOR ROOM 551		X		SPRAY ON	INSULATION		40 SF	X			
STH FLOOR ROOM 613		X		SPRAY ON	INSULATION		40 SF	X			
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in the state of th								+			-
Name of Registered Waste FREEHOLD CARTAGE, II	Hauler			Cubic Yards		Name of Register		-			
325 HIGHWAY 33	NO.	Haule	er ID No. 15939		10	LYCOMING COU	NTY RESOUR	EMANA	AGEN	1ENT	SER
City, State	500			Disposal Date	9	447 ALEXANDER City, State	DKINF\KOU	15			
REEHOLD, NEW JERSE	ΞΥ			9/15-10/15/20	014	MONTSOMERY	, PA 17752	01		/	1947
Completed by (Print or Typ BENJAMIN SANCHEZ		Title	R OF OPER	ATIONS	ignature	XX	D	111	2.1	111	
		SINLO I OI	OI OFER	TIONS		00		1/10	7	17	

Date of Notification (1)		1	NOTIFICAT	State of Ne	ew Jersey BESTOS ABAT	EMENT					
MERCK SHARP & DOHME CORP Street Address 12			(Pursua								
Street Address 1											
Agencies Notified	Date of Notification (1)			MERC	K SHARP & DO	OHME CORP.					
EPA	8 / 29 /14										
DEP	Agencies Notified Type Not	ification		126 E.	LINCOLN AVE	NUE, P.O. BOX 2	000, RY28-414				
DOA	DEP Am	ended Notificat	tion			SEY 07065				V	
DCA				Name	of Contact		Telephone Nim	ir	A 17.7 E 18.5		
Name of Facility Where Abatement is Taking Place (3)			TIFICATION								
School (K-12) Subspace 18 (Other than X Subspace 18 (Other than X Other (is private 8 comms 96,000 7 19 19 19 19 19 19 19			F	ACILITY INF	ORMATION) - 0				
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Street Address Square Feet # of Floors 49	MERCK SHARP & DOHME CORPOR	RATION						100		29	
126 EAST LINCOLN AVENUE - BUILDING 33								idgs.,			
County (6)		DING 33				11 17-00- 17-00-	1975				
RAHWAY				Count	Code (7)	The state of the s	or if being demo	ed)			
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address SITOR AND AND AND AND AND AND AND AND AND AND		100000000000000000000000000000000000000									
ATION The American The America	The state of the s	1130 CH	er (8)	T		Name of Abaten	nent Contracto	3)			
State Comparison Comparis					17	PAR ENVIRONM	MENTAL CORF	RATIO	N		
City, State, Zip Code				F1							
SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Telephone Number Telephone Numbe								_			_
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH 97-37-25-5649 Sepected State Date (10) 9 / 15 / 14 / 10 / 9 / 14 / 10 / 9 / 14 / Month Day Year Occupancy Status During Abetiement (Check only one) Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code		A NEW IERS	EV 07871								
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Table Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY-FRIDAY 5 PM-3 AM		1,000,000		Day	Year	01-10-1		Marie Control			
City, State, Zip Code NEW YORK, NEW Demolition Sas For LF Succession Su	X Facility Closed/Vacated Du	iring Entire Per	iod of Abat		à:		STREET				
Scope of Work (Check all that apply) Demolition 3SF OR LF X >160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 4TH FLOOR ROOM 406 X SPRAY ON INSULATION THE LOCARTAGE, INC. Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 Full Containment with Negative Pressure X Mini-Enclos, Glovebag Procedure Non-Friable Procedure Non-F			25								
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Sast Or Le		IY Panov	ration	5			ve Pressure				
Non-Friable Procedure Non-Friable Procedure		IX IKellov	alion	ŕ							
Asbestos-containing Material (ACM) Material (ACM) TO BE ABATED in Facility (13) ATH FLOOR ROOM 406 ATH FLOOR ROOM 418 TH FLOOR ROOM 418 TH FLOOR ROOM 613 ATH FLO											
Material (ACM) TO BE ABATED In Facility (13) ATH FLOOR ROOM 406 ATH FLOOR ROOM 418 STH FLOOR ROOM 418 TO BE ABATED In Facility (13) ATH FLOOR ROOM 418 ATH FLOOR ROOM 406 ATH FLOOR ROOM 418 ATH FLOOR	Location of	ls l	ocation	D	escription of As	bestos-		A	batem	ent Ty	/pe
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Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State City, State FREEHOLD NEW JERSEY NAME of Registered Landfill LYCOMING COUNTY RESOUR LYCOMING COUNTY R								1			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State EREFHOLD NEW JERSEY Disposal Date 9/15-10/15/2014 MANAGEMENT SER 15 Disposal Date 9/15-10/15/2014 MONTGOMERY PA 17752	от от техниция по на вистем по на вистем на виденти по на вистем на виденти по на вистем на виденти по на вистем на		_						1		
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825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROU 15 City, State Disposal Date City, State FREHOLD NEW JERSEY 9/15-10/15/2014 0 MONTGOMERY PA 17752	Name of Registered Waste Hauler			Cubic Yards							
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FREEHOLD, NEW JERSEY Ompleted by (Print or Type) Title 9/15-10/15/2014 MONTGOMERY, PA 17752 D Ompleted by (Print or Type)			15939	Dienocal Da	to		K DKIVE/KUU	15			-
Completed by (Print or Type) Title Signature /							, PA 17752		,	12	
				15			D	2	7/	al	14

Date of Notification (1)					Name (of Building	Owner/	Operator	(2)					-	
April 16, 2015					Luke					Che	# N/A	4			
Agencies Notified X EPA	Туре	Notification Initial				Address Colgate	Avenu	ie	BEIE AFT 21	F.17	ئې لې	310			
EPA DEP DOL	x	Amended Amendment				ate, Zip C			ELHIE	. S 1:2 }	01.				
DOH DCA	Ш	Emergency (justification)	includin	g	Name o	of Contact				Tele	ne Nu	ımber			
DCA		Cancellation			Luke	Ginty				I.					
Name of Facility Where	Abatar	nont is Taking	Disea	(0)	FAC	ILITY INF	ORMAT	ION							
Residence	Abatei	HEIR IS TAKING	Place	(3)					Type of Facility	(4)					
Street Address 2813 Colgate Avenu	ue								School (Konstant) Subchapte Other (i.e.	er 8 (Othe	an K-1		ldinas	s. hon	nes
City (5) Delanco									etc.) Square Feet 1,000	# of	ors		Bldg.	(() 	
County (6) Burlington						Code (7)	n		Current Use (Pr		emolis		100		
Name of Monitoring Firm	Hirod	by Building C			Manager Common				Residence						
Management & Env	viro. C	Consulting	Servic	es	ASCI	M No.			of Abatement Co le Environme				·		
Street Address PO Box 341									Address Cutler Avenue)					
City, State, Zip Code Chesterfield, NJ 085	515								tate, Zip Code e Shade, NJ (08052					
Project Manager for Moni Bill Weisgarber	itoring	Firm			Telepho	one No. 98-4070		Teleph	one No. 755-0099		ense N	No.			
Start Date (10)			Schedu	led Co		Date (11)			of OSHA Monitor		342				
May 4, 2015			May 8	, 201				EMS	L Laboratorie						
Occupancy Status During									Address	41					
Facility Closed/Vaca Abatement Performe Other – Describe:	ited Di ed Out	uring Entire Positive of Norma	eriod of al Facilit	Abater y Hour	nent s			City, St	Route 130 No tate, Zip Code		_				
Scope of Work (Check All	I That	Annly						Cinna	aminson, NJ (08077					
≥3 sf or ≥3 if ≥160 sf or ≥260 if	i iliat	~рріу)	SAME THE PARTY NAMED IN	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure	ative F				
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TO BE ABA In Facilit (13)			4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	todial (12)			thermal surfac		insulation,	(Sp SF c	У	Removal	Repair	Encapsulate	Enclosure
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Attic				XXX			Ve	rmiculit	е	1,14	3F	Х			
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Name of Registered Waste	e Haul	er		8.01	JDEP W	20000000000000000000000000000000000000	Cubic of Was		Name of	Registere	andfill		C		
02265 5				of Waste 5 Cumberland Conty Landfill											
City, State Freehold, NJ							Dispos 5/8/20	al Date 115	City, State Newbur						
Completed by			Title				0.010.000.000.000	gnature			Da	te			_
Christina Lynch						MAX	AD	-/		16/20	15				



OSEPN

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Nutritication EARTHTECH Acensies Notified Street Address 文 00r 文 20t 区 20t 155 Amended Ciry, State, Zip C∞de Amendment # J- ILEEN Emergency (including — 00m = 00m justification) Name of Contact hone Numbe Cancellation BRULE FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDENCE Subchapter 8 (O r than K-12) Subchapter δ (O Other (i.e., privat Tee: Address S, NEW YORK RUAX commercial buildings homes, etc.) Square Feet Floors Bidg Ago ABSECON County Code (7) (STATE Current Use:(Pnor it ing demolished VACA USE ONLY) ARTIC Name of Abatement Contractor (9) which of Moniforning Firm Hijred by Building Owner ASCM No LEMCO INC Sueel Address Siree: Address 3695, SPRUCE Crry, State, Zip Code State Zip Code SHADE MOPLE nse No Telephone No Froject Manager for Monitoring Firm Telephone No 004 856-779-0472 Scheduled Completion Date (11) Name of OSHA Monitor tan Dale i 10) as = PH 27 vicupanci, Status During Abatement (Check only one) Street Address 369 X Faculty Closed Vacated During Entire Period of Abatement Cry. State, Zip Code Abarement Performed Outside of Normal Facility Hours MAPLE Other - Describa Scope of Viork (Check all that apply) Full Containment with Negativ ar 2 1 2 2 2 1 Min-Enclosure Renovation Glovebag Procedure Demaison Non-Exempted (*) and Non-Fi le Proceduir Aparenikir Is Location 1.0% Normally Used Solely by Description of Location of noun' Maintenance/ Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, pecity Custodial TO BE ABATED surfacing, VAT, or or LFI Staff? IN Facility (12)omer miscellaneous) . The No NIA 000 TRANSITE X X SIDING Name of Register NUDEP Waste Cubic Yards same of Registered Waste Hauler Hauler ID No of Waste 7904 Disposal Date City, State PLEASA HADE Signature

CK 2254

Date of Notification					g Ov	wner / Operato	or (2)					
	04-15-2015 Type Notificat	ion		r Joehnk				CEST VES	1 1 1 2	. N	C	
☐ EPA	Type Notifical	IOH		t Address Vindham C	Court				+- 1		U	
☐ DEP				State & Zip				1	-	1111		
⊠ DOL				eton, NJ		43		4.	T 3.		64	
□ DOH □ DCA			77 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	e of Contac	ct				Те	lepho	ne Nun	nber
	☐ Carice	llation	Birge	r Joehnk					1			
N			F	ACILITY IN	VFOF							
Name of Facility Wh Residential	iere Abatemer	it is Taking Pl	ace (3)			Type of Facil						
Street Address					-	School (her than K-12				
43 Ashland Avenue						Other (i.	e. private	& commercia	uildings	, hom	es. etc	.)
O1: (T)						Square Feet	#	of Floors		g. Age		1
City (5) Summit, NJ		County (6)	County	Code (7)		2,300		3			87	
27		Union				Residential		eing demolish)			
Name of Monitoring Health and Safety S		Building Own	er (8)	ASCM N	No.	Name of Aba Resource Ma	atement C	Contractor (9) nt Group, LLC				
Street Address P.O. Box 365						2115 Hamilto						
City, State & Zip Coo Berlin, NJ 08009	de					Trenton, NJ (08619					
Project Manager for Mr. Jim Proctor			Telephone 856-452-1			Telephone N 609-977-615		L	nse Nur	nber 0118	 5	
Scheduled Start Dat 04/17/201		cheduled Con		ite (11)		Name of OSI	HA Monito	or aboratories, In		01100		
Occupancy Status D	uring Abatem	ent (Check on	nly one)			Street Addres	SS	iboratorics, iii	-			
 □ Facility Close □ Abatement F 	ed/Vacated Double Performed Dur	uring Entire Pe	eriod of Ab	atement		2333 Route 2						
Describe:	10:00am to 6:	00pm				City, State & Union, NJ 07		E.				
☐ Facility Occu	upied During A	batement					000					
Scope of Work (Che	ck all that app	ly)							20 10			
≥3 sf or ≥3 lf			⊠ Rer	novation				ull Containme	vith Neg	ative	Pressu	re
☐ ≥160 sf ≥260				nolition				love Bag Proc	ures			
								on-Exempted	d Non-F	riable	Proce	dure
100.00	cation of		Is Locat			Description		Ar	ınt		tement	
Mate	os-Containing erial (ACM)		Normally Solely		/	Asbestos-Con Material (A		(S) SF	ify		Τ.	
<u>TO B</u>	E ABATED		Maintenan		(i.e., thermal s		55	LF)	Re	Re	Encl
in	Facility		Custodial	Staff?	ins	ulation, surfac	cing, VAT			Removal	epair	dso
	(13)	-	Yes No	N/A	or	other miscell	aneous)			<u>a</u>	pair	Isoure
Kitchen				18/4		Pipe Insula	tion		F			7
T (TOTIOI)			HH	H		ripe irisula	luon	1	Г		井⊨	
									***	H	러누	쉬뉘
			+++								믜딛	
Name of Registered	Waste Hauler		L L L	DEP Wast	e Ci	ubic Yards	Name o	f Registered L	dfill			
				uler ID No.		Waste	i vaine o	i registered t	dilli			
Resource Manageme	ent Group, LL	2	00:	35218		3D	Grows L	Market Control of the	Section 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
City, State Trenton, NJ						isposal Date 3D	City, Sta Morrisvi					
Completed By (Print	or Type)		Titl		Si	gnature) 1		1.0	108	Date		-
Mr. Brian J. Haney			Pre	esident		(M	M	10001	C)4/15/2	2015	
						1	VIL	Y W W				

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37	Э	۲.	

Date of Notification (1) April 16, 2015				Name o	of Building	Owner/0	Operator							
Agencies Notified	Type Notification			10-00-00	Richards			2616 5	ta of	k#2	2012			
X EPA DEP DOL	X Initial Amended			407 N	Address I. Coles a ate, Zip Co	ode		A 5.7.6		727	· • •			
	Amendmen Emergency	(including	_		Shade,	NJ 08	052	V2		14 (1	56. 56			
X DOH □ DCA	justification Cancellation			Joe R	of Contact Richards				Tele	ne Nu	mber			
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	ILITY INFO	ORMATI	ION	Type of Facility	(4)			_		
Residence			- /					School (K-						
Street Address 435 Walnut Avenue								Subchapte Other (i.e. etc.)	r 8 (Other	in K-1		lding:	s, hon	nes,
City (5) Laurel Springs								Square Feet 2,000	# of F	rs		Bidg.	Age	
County (6) Camden					Code (7) USE ONLY)		Current Use (Pr Residence	ior if being	molis	hed)			
Name of Monitoring Firm Management & Env	Hired by Building iro. Consulting	Owner (8 Service) es	ASCI	M No.			of Abatement Co de Environmer						
Street Address PO Box 341							Street	Address Cutler Avenue						
City, State, Zip Code Chesterfield, NJ 085	515							tate, Zip Code e Shade, NJ (18052	-				
Project Manager for Moni Bill Weisgarber	toring Firm			Telepho	one No. 98-4070		Teleph	none No. 755-0099	1	nse N	lo.			
Start Date (10) April 29, 2015	ſ	Schedul May 2		npletion	Date (11)		Name	of OSHA Monitor L Laboratories						
Occupancy Status During	Abatement (Chec						Address		1					
Facility Closed/Vaca	ted Durina Entire	Period of	Abaten	nent		9		Route 130 Nor	th					
Other – Describe:	d Outside of Norn	nal Facilit	y Hours	3		_		tate, Zip Code aminson, NJ 0	8077					
Scope of Work (Check All	That Apply)	57,000,000 (1												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor.	Renova Demolit				×	Full Containm Mini-Enclosure Glovebag Prod	e cedure					
		1	Locati					Non-Exempted	d (*) and t	-Friab	le Pro		re emen	+
Location	of	1	Vormal	ly.	-	Des	cription	of					/pe	L
Asbestos-Containing N <u>TO BE ABA</u> In Facilit (13)	TED	Ma	ed Sole intenar todial S (12)	nce/		os Conta thermal surfac	aining M	aterial (ACM) insulation, Γ, or	Ama (Spa SF o	t / =)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A		outer in	noochan	eous)			val	=	ulate	ure
Attic			XXX			Ver	miculit	e	340	:	Х			
										-				
Name of Desistered West														
Freehold Cartage				JDEP W auler ID	754 (C.105)	Cubic \ of Was		Name of I		ındfill	151			
02265				2265		2		Cumber		ty La	andtil	l .	77	
City, State Freehold, NJ					Disposi 5/2/20		City, State Newbur							
Completed by Christina Lynch		Title Oper	ations	Mana	ger	Signature				Date 4/16/2015				



Date of Notification (1) 4/16/2015					Name o	f Building LLC	Owner/0	Operator	r (2)		i t	E FF	12	1 :	- pr	: 5
Agencies Notified		Notification			Street A	ddress	RK BC	DULEV	/ARD		É					€.
EPA DEP DOL		Initial Amended Amendment			City, Sta	ate, Zip Co IPPANY	ode					- P				
DOH DCA	comp.	Emergency (justification) Cancellation	including			f Contact	лотт	1/1000000000000000000000000000000000000			Telep	e Nur	nber			
				_	FACI	LITY INF	ORMATI	ION			1	-			-	
Name of Facility Where WAREHOUSE	Abaten	nent is Taking	Place (3)						commo	of Facility (4 School (K-12						
Street Address 7 EASTMANS RO	AD									Subchapter of Other (i.e. prector)	(Other	1 K-12 merci		dings	, hom	es,
City (5) PARSIPPANY										re Feet	# of F	S	E	Bldg. A	∖ge	
County (6) MORRIS						Code (7) USE ONLY)		Curre	ent Use (Prio	r if being	nolish	ned)			
Name of Monitoring Firm	n Hired	by Building (Owner (8)		ASCN	/ No.				tement Cont		TIN	G. IN	IC.		
Street Address								Street	Addre	TOTAL CONTRACTOR						
City, State, Zip Code								City, S	State, Z	ip Code , NJ 0701		-				
Project Manager for Mo	nitoring	Firm			Telepho	ne No.	- 0	Teleph	none N -956-8	0.	T L	ise N	0.			
Start Date (10)	rt Date (10) Schedule 28/2015 5/15/20				npletion	Date (11)		Name	of OSI	HA Monitor						
										(9) ABO\	/ <u></u>					
Facility Closed/Vac	pancy Status During Abatement (Check Only One Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Fother – Describe: VACANT				nent s				Addres	ip Code						
Scope of Work (Check A	All That	Annly										-		100		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	W THE	прруу		nova molii				×	Mir Glo	I Containmenti-Enclosure ovebag Procenti-Exempted	edure	tive P	ressui		e	
			le I	ocat	ion						() 4114 (1	11100	1	Abate		ŧ
Locatio	n of			rmal			Dos	scription	of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Materi ATED lity	al (ACM)		tena	nce/ Staff?		tos Cont thermal surfac	aining N	Material s insula T, or		Amc (Spe SF or)	Removal	Repair	Encapsulate	Enclosure
EXTER	IOR		Tes	X	N/A	V	/INDO\	N CAL	JLKIN	IG	680	-	Х		1000	
Name of Registered Wa	ste Hau	ler		1000	JDEP W		Cubic			Name of R	egisterec	ndfill				
TWO REOTHERS CONTRACTING				28	lauler ID 8743	No.	of Was	ste		WASTE	MANA	:MEI	NT G	.R.C	.W.S	3.
City, State CLIFTON, NJ							Dispos 5/15/2	al Date 2015		City, State MORRIS	SVILLE	А				
Completed by Title VIVECA RAMOS PROJE				ECT	COOF	RDINAT		ighature Un	rec	a Re	nen	Date 4/16/2015				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Name of Build	ing Owner/Ope	erator (2)	1 "	13		5		
0000	April 17, 2015	5					nole Construct	ion		7/	1.5	7.	7
Agencies Notified [X] EPA [] DEP	[] Ame	al Notific ended No	tification		Street Address City, State, Zip		Sartlett Avenue	i i i i i i i i i i i i i i i i i i i	21		1: ;	t Z	
[x] DOL		endment a ergency (i			City, State, Zij		Creek, NJ 080)92		1			
[x] DOH	justi	fication)	noidanig		Name of Conta		<u> </u>	Telepho	Vumber				
[] DCA	[] Cano	cellation			Jo	/ce		^					
				FAG	CILITY INFO	RMATION						-	
Name of Facility Where Ab Res	oatement is Taking idence	g Place (3)				Type of Facilit	y (4) Scho	k-12)				
Street Address	al.						[] Subc	ter 8 (o				
27]	N 5 th Street						[x	Othe home	e., priva	ate & c	ommer	cial bui	dings,
City		Count	y (6)		County Code (7 (STATE USE C		Square feet 1000 sf	# o1	ors	Blo	lg. Age	60	
Surf City	ń	Ocea					Current Use (P		olished)		00	
Name of Monitoring Firm I N/A		Owner (8	3)		ASCM No.	Name of	Abatement Contr	ractor (9)	7.				
Street Address						Street A		ardian Co	acting	, Inc.			
City, State, Zip Code						City, Sta	te, Zip Code	89 Route 9	nit 61				
Project Manager for Monito	oring Firm		Telephon	e Number			and the state of t	ms River,	w Jers			271	
W4						475	9-9932		0624	vumber			
Scheduled Start Date (10) + 4/20/15			Schedule 4/22		on Date (11)	Name of	OSHA Monitor	M.S.L. Ana	ical				
Occupancy Status During A)			Street A		VI.S.L. Alle	lcai				
	ity Closed/Vacated ement Performed						105	56 Stelton	ad				
r 7	r – Describe	Odiside (/ I TVOITIMA	r actiffy 110	ours	City, Sta	te, Zip Code		. T		254		
Scope of Work (Check all the	1.5							cataway, 1	v Jerse	-	554		
Scope of work (Check all tr	iat apply)					[]	Full Contain Mini-Enclos	ment with Ne	ive Pres	sure			
	or ≥3 lf		[]	Renova	tion	[]	Glovebag Pro						
[X] ≥160	sf or ≥260 lf		[x]	Demoli	tion	[x]	Non-Exempt	ted (*) and N	Friable !	Procedi	ure		
										Aba	tement	Type	
Location o	f		Is Locati formally			Descriptio	n of			R	R	E	Е
Asbestos-Containing Ma	aterial (ACM)	1	Solely b			Asbestos-Cor Material (A		(Sp	unt ly SF	E	E P	N	N
TO BE ABAT in facility		Maint	enance/C	Custodial		i.e., thermal	systems	C	F)	M	A	C A	C L
(13)			(12)			nsulation, sur VAT, o				v	I R	PS	O S
				2200		ther miscella				A		U	U
		YES	NO	N/A						L		L E	R E
Exterior house			X		Asbestos si	ding		100	f	X			
Name of Registered Waste H		N		ste Hauler	ID No. Cubic	Yards of Wast	Name of Re	gistered Lanc	-				
Guardian Con City, State	tracting, Inc.			20223	3 al Data	T 6': 5	T.R.R.F						
Toms River, N				Dispos 4/23/		City, Sta	te wn, Pennsylva	ania					
Completed by (Print or Type) Nicholas Ferni)	Title Projec	t Manag		Signature	11/	/ Cimisyive	1	-	Date			
					for ashestos lie	Mal.	atad activities			4/17	/13		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			Na	me of Building	Owner/One	rator (2)	1					
	April 17, 201			and of Dunum		ole Construction	3.5		26	- 5	78	
Agencies Notified [X] EPA [] DEP [X] DOL	[] Amo	ial Notification ended Notification endment #		reet Address ry, State, Zip C	ode	artlett Avenue	E. L. T.	7 (241		
[x] DOH		ergency (including ification)	Na	me of Contact	11 050				1 51	£.		
[] DCA		cellation	l Na	Joyce			Teleph	Number	•8			
			FACILI	TY INFORM	MATION			-				
Name of Facility Where Ab	atement is Taking idence	g Place (3)				Type of Facility (4)	Sch	(k-12)				
Street Address	S. Central Av	Vanua				[] [x]	Sub	oter 8 (o				Lat.
City	5. Central Av	County (6)	Cour	nty Code (7)		Square feet	hom # c	etc.)				ldings,
Surf City		Ocean		ATE USE ONI	Y)	1500 sf Current Use (Prior i		oors 1		lg. Age	60	
Name of Monitoring Firm I	lired by Building	100000000000000000000000000000000000000	100	CM No.	>1	Reside	nce	nolished)			
N/A Street Address		Owner (8)	ASC	JM NO.		Abatement Contractor Guardi		acting.	Inc.			
335					Street Ad	dress 1889 R	oute (Jnit 61				
City, State, Zip Code					City, Stat	e, Zip Code Toms I		w Jers		755 1	271	
Project Manager for Monito	ring Firm	Telephone Nu	mber		Telephon 732-349	e Number	dvoi,	icense N			.2/1	
Scheduled Start Date (10) 4/20/15		Scheduled Co 4/22/15	mpletion Da	ite (11)		OSHA Monitor		0624				
Occupancy Status During A	only one)			Street Ad	E.M.S.	L. An	tical					
[X] Facil	ity Closed/Vacate	ed During Entire Period of Outside of Normal Facil	f Abatemen ity Hours	t		1056 S	telton	ad				
	r – Describe				City, Stat	e, Zip Code Piscata	way,]	w Jerse	y 088	354		
Scope of Work (Check all th	at apply)				[]	Full Containment	with N	tive Pres	•			
[] >3 sf	or ≥3 lf	[] R	enovation		[]	Mini-Enclosure						
[x] ≥160	sf or ≥260 lf	2 1	emolition		[x]	Glovebag Procedi Non-Exempted (*		Friable l	Procedi	ıre		
									Abat	tement	Туре	
Location o		Is Location Normally used			Description bestos-Com		A	ount	R	R	Е	Е
Asbestos-Containing Ma	aterial (ACM)	Solely by		N	Material (A	CM)	(Sr	fy SF	E M	E P	N C	N C
TO BE ABAT in facility	ED	Maintenance/Custo Staff	odial		., thermal sulation, sur		(.F)	O	A	A	L
(13)		(12)		11131	VAT, or				V	I R	PS	S
		YES NO N	J/A	oth	er miscella	neous)			A		U	U R
Exterior house		X		1 11	E44-1				L		E	E
Exterior		X		abestos sidin ansite pipe	ıg		180	f	X			
		Α.	11	ansite pipe			20 :		X			
							-	-				
Name of Registered Waste H		NJDEP Waste H			rds of Waste		ed Lan					
Guardian Con City, State		2022	23 Disposal Date	3	City, Stat	T.R.R.F.						
Toms River, N		4	/23/15			wn, Pennsylvania						
Completed by (Print or Type) Nicholas Ferni		Title Project Manager	Sig	nature	chil	Hel			Date 4/17	//15		
		*Do not use this	form for a	sbestos licen	sure exemp	ted activities.						

Date of Notification (1)		f Building Owne		-	- 2								
04/16/2015	S&S F												
Agencies Notified Type Notification		Street Address						1		46			
EPA Initial		2 Seld Blvd.											
DEP Amended Amendment	!	55	ate, Zip Code			A. 50 (5)				l' la c			
☐ Emergency (i			et,NJ 07008 f Contact			1=1							
DOH justification) Cancellation	55		ington Heigh	te Ante		Telep	e Nur	nber					
Z DOA Cancellation		Acting to State of the State of	LITY INFORMA							-			
Name of Facility Where Abatement is Taking	Place (3)	1 401	LITT IN OKINA	KIION	Type of Facility	(4)	-						
500 E. C. C. C. C. C. C. C. C. C. C. C. C. C.					School (K-								
Street Address					Subchapte	r 8 (Other	n K-12						
168 Washington Avenue					Other (i.e. etc.)	private & c	merci	al build	dings,	home	es,		
City (5)					Square Feet	# of F	's	В	ldg. A	ge			
Bloomfield					15,000								
County (6)		County		ior if being	molish	ned)							
		(STATE)	USE ONLY)										
Name of Monitoring Firm Hired by Building C	wner (8)	ASCN	No.		of Abatement Co								
					ano Envirome	ntal,LLC							
Street Address					Address								
					Jernee Mill Ro	ad							
City, State, Zip Code					State, Zip Code								
Project Manages for Manifesian Firm		Talasha	a a Na		Sayreville, NJ 08872 Telephone No. L								
Project Manager for Monitoring Firm		Telepho	ne No.	- 20)238-7400	C	nse N	0.					
Start Date (10)	Scheduled Co	moletion	Date (11)		of OSHA Monitor		.07		1				
04/13/15	04/30/15	ripiedori	Date (11)	Ivallic	of OSLIA MONITO								
Occupancy Status During Abatement (Check			Street	Address		-							
☐ Facility Closed/Vacated During Entire P		ment											
Abatement Performed Outside of Norma	al Facility Hou	rs		City, S	State, Zip Code								
Other - Describe: Apartment building of	n the roof			500000000000000000000000000000000000000									
Scope of Work (Check All That Apply)	- 1										\neg		
≥3 sf or ≥3 lf	Renov	ation			Full Containm	ent with N	itive P	ressu	re				
≥160 sf or ≥260 lf	Demoi	ition		H	Mini-Enclosur								
				>	Glovebag Pro Non-Exempte								
	Is Loca	tion					Abatement						
Location of	Norma	ally		Description	escription of ntaining Material (ACM) Amo			Туре					
Asbestos-Containing Material (ACM)	Used Sol Maintena		Asbestos Co	ontaining N				-		ш	_		
TO BE ABATED In Facility	Custodial	Staff?		nal system facing, VA	s insulation, T. or	(Sp∈ SF o	-)	Rem	Repair	ıcar	ncl		
(13)	(12)			er miscellaneous)			,	Remova	oair	Encapsulate	Enclosure		
	Yes No	N/A						-		ite	е		
Roof	YES		Roof, field,and flashing					Yes					
NOT-7-20				,		15,(
								-					
				oic Yards Vaste	Name of	Registere	andfill						
Codi Transport		Hauler ID	100		IESI B	ethlehen	andfi	II Co	rpora	ation			
City, State				oosal Date	City, Sta	te .	0				_		
72 Farmingdale , NY 1135) +			D	MS&M	aleho	R		18	015)		
Completed by	Title	Signature						Date					
Steven Sucato	uperviso	or \	4/16/15										

									*************	, C	ck # 972	26							
Date of Notification (1) April 17, 2015						Name of Building Owner / Operator (2) Frank Sarno							l land						
Agencies Notified Type Notification EPA DEP					Street A	Address	ESAI	21 15 1: 82											
⊠DOL ⊠DOH		iment#	_	Ventno	ate & Zip or, NJ 08	3406													
DCA		Cancel	lation		Name	of Contac	ct				Tele	ephon	e Nu	mbe	r				
					FAC	CILITY	INFO	RMATION							_				
Name of Facility Whe Residence	ere Abater	ment is	Taking P	lace (3)				Type of Facili											
Street Address 305 North Cambridg	ge Avenu	e			School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commerc						c buildings, home, etc.)								
City (5) Ventnor					7	Square Feet # of Floors 1,900 2 Current Use (Prior if being demolished)						Bldg. Age 58 years							
County (6) Atlantic			1000000	unty Cod	*			Residence			-								
Name of Monitoring F N/A	Firm Hired	l by Bui				ASCM No. Name of Abatement Contractor (9) Synatech, Inc.													
Street Address City, State & Zip Code					Street Address 829 Radio Road City, State & Zip Code					_									
Project Manager for Monitoring Firm			Те	lephone N	umber		Telephone N		7L	nse Numb									
Scheduled Start Date (10) Scheduled Completic May 5, 2015 June				on Date (1 e 4, 2015	1)		Name of OSH Synatech, Inc	A Monitor			0081	7							
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of A					Street Address patement 829 Radio Road														
Abatement I Other – Des Facility Occ	cribe:			nal Hour	5	City, State & Zip Code Little Egg Harbor, NJ 08087					,	1							
Scope of Work (Chec	<u>: </u>										S.								
≥3 sf or ≥ 50 lf ∑ ≥160 sf or ≥26					Renovation Demolition	Glovebay i rocedule													
Loc	cation of	-		Is Locat	on Norma	lly Used		Descripti	Non-Exempted on of	(*) and No	Friable Pro	_	e atem	ent 7	уре				
	aining Mat E ABATE Facility		CM)		y Mainten odial Staff?			Asbestos-Containing Am Material (ACM) (i.e., thermal systems			(Specify LF)								
(13)					N1/A	i	insulation, surfacing, VAT or other miscellaneous)				Removal	Repair	Encapsulate	Enclosure					
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Second Floor		-			X			Drywa	all	1,5	55	X							
Name of Registered	Waste Ha	uler		NJDEP Hauler II		Cubic Yards of Waste Name of Registered Lar				stered Lar					\perp				
Synatech, Inc. City, State					7429	20 Dispos	al Date		-										
Little Egg Harbor, N	IJ		Title			June 5, 2015 Morrisville, PA Signature Date													
Diane Aloia			Executiv	e Admin	strator	1 1	ane	(1)											



16		Date of Notification (1)					Name	of Building	g Owner/Operator (2)		-	-	-					
Agendes Notified Delta D		04/16							51 11 13	383	S.F. Sider								
Section Control Cont		Agencies Notified Type No	tification Street Address									3.14	- 1:	()					
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Cancellation					cluding	I			Ti		Talanha	Mamh	0.5			_			
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Name of Facility Where Abatement is Taking Place (3)				35.200						4		-		-	_	-			
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County (6) US; Camden CO. Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International. Street Address 34 E. Germantown Pike #204 City, State, Zip Code E. Norriton, PA 19401 Project Manager for Monitoring Firm Raymond Giordano Start Date (10) O4 / 18 / 14 Cocupancy Status During Abatement (Check only one) Facility Closed/Vacaded During Entire Period of Abatement Check Colly State, Zip Code Sicklerville, NJ 08081 Scope of Work (Check all that apply) Scope of Work (Check all that		747. 4426 Harris Harris 198								CONTRACTOR OF THE PROPERTY OF	1 100 1010 - 010 F1211 4.1	******		800 m	58				
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Name of Monitoring Firm Hired by Building Owner (8) Environmental Management International. ASCM No. Street Address St							Cour	ity Code (/)(STATE USE UNLY)		ior it being	molish	ied)						
Environmental Management International. Graham-Tech Environmental Servic	200		2	dina C	D	(0)	ACCINA	M.	This can be a										
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Project Manager for Monitoring Firm		. 52 j. 4 kgggk																	
Raymond Giordano						Tale		Na	1	NJ U8U81		_							
Start Date (10)		100 No. 100 No	11			1				0.									
Q4			Т	Cobod	lulad C					The state of the s									
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Time of Abatement: 7AM-11:30PW PMAM ☐ Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Demolition ☐ Demolition ☐ Demolition ☐ Demolition ☐ Scotation ☐ Normally ☐ Used Solely by ☐ Maintenance/ ☐ Custodial Staff? ☐ (12) ☐ Yes No N/A ☐ Description of Season of the removed of t		CONTRACTOR OF STREET	1			53		100 05			-1 0								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM PM AM PM AM City, State, Zip Code Sicklerville, NJ 08081			1					17		i Environment	ai Servic	, LLC.	•						
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Time of Abatement: 7AM-11:30PW PM-AM Sicklerville, NJ 08081 Scope of Work (Check all that apply)								oribo		***									
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≥3 sf or ≥3 lf									Sicklerville, N	IJ 08081									
Safor 23 if Senovation Demolition Secondary		Scope of Work (Check all that apply	()						☐ Full Cont	ainment with Nec	native Pres	re.							
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Strinating, VAT, or other miscellaneous SF of SF	ı		CIV	1)				Asbe	stos Containing Ma	terial (ACM)				Rep	Enc	Enc			
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Basement Pipe Instalution 125							1	-			01 01	·/·	=		ulat	re			
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Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC City, State 14 Read Drive Sicklerville, NJ 08081 Completed By (Print or Type) Name of Registered Land Waste Cubic Yards of Waste Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste City, State City, State 1513 Brodentown F Date Date												-	П	П	П	П			
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Completed By (Print or Type) Title Signature Date		City, State	1000						Disposal Date	City, State		-							
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Vernice Graham President VOLA 1 1 10-15	-	Completed By (Print or Type)		Title)		-		Şignature	11		Date	,						
		Vernice Graham		P	reside	nt			VOLAR	L May	711	(1-	16	-/	5			

ASB-41 MAY 11

* Do not use this form for asbestos licensure exempted activities.

CIL: 576

Date of Notification (1)			Name	of Building Owner/Operato	r (2)	*			
4/17/13		- 12		YRS, HEIT N	EK		1 1	1.	- 0
Agency Notified /	ype Notification			Address	1111 80.15				No. 1
	Initial			SO CASTLE					
D DEP	Amended Amendment#		City, S	tate, Zip Code .	15. 07096				
	2 Emergency (includin	g							
В ДОН	justification)		1	of Contact NS. HEITNER	Teleph	Number			
D DCA	2 Cancellation					-	F0:		
			FACI	LITY INFORMATION					
Name of Facility Where Aba		7507		•	Type of Facility (4)				
MR-	HEITH	5VZ		-	☐ School (K-12)				
Street Address					Subchapter 8 (Other the Other (i.e. private & co				
750 CAS	THE MAN T	DUNC	=	4 3	homes, etc.)	leiciai Duildii	igs,		
				***	Square Feet # of Flo	Bldg.	. Age		
WEST	FIELD				2200. 2		207	EN	ng
County (6)			County	Code (7) (STATE USE	Current Use (Prior if bein	molished)			
UNION			ONLY)		RESIDENCE				
Name of Monitoring Firm Hi		ASC	M No.	Name of Abates	ment Contractor (9)	-			
(8)				Best Re	emoval Inc				
Street Address	,		_	Street Address	00 v d 1 1110	-			_
			67	450 Sou	th River St	1			
City, State, Zip Code				City, State, Zip	Code				
				Hackensa	ack N.J. 07	17			
Project Manager for Monito	ring Firm	Teleph	one No.		ack N.J. 07				
				201-329-	-7444 -	0388			
Start Date (10)	Scheduled Co			Name of OSHA	Monitor	ż			
1 4/27/15		28/1	5	Omega Er	nvironmental	С			
Occupancy Status During A	batement (Check only	one)		Street Address					
☐ Facility Closed/Vacated [During Entire Period of	Abateme	nt	280 Huy]					
☐ Abatement Performed Or	utside of Normal Facili		_	City, State, Zip (-8		
2 Other - Describe: 7A				Hackensa	ack , N.J. 07	1			
Scope of Work (Check all the	at apply)			B Full	Containment with Negative	ssure			1
□≥3sfor≥3lf				ovation	-Enclosure				
-212 160 sf or ≥ 260 lf			□ Dem		ebag Procedure -Exempted (*) and Non-Fria	Procedure			
		Is Loc	A:	- Rott	Excispina () disa iron 1 sa	110004410	Abat	eme	nt
		Norm		# 01. 5			T	уре	\vdash
Location of Asbestos-Containing N		Used So		Description Asbestos Containing M		unt	-	m	
TO BE ABAT	TED	Mainten Custo		(i.e., thermal systems	insulation, (5	zify	RO RO	nca	Enc
IN Facility	!	Staf		surfacing, VAT	ACCUSED TO THE RESIDENCE OF THE PARTY OF THE	LF)	Removal	ned	logu
(13)	Ŀ	(12)	Other Hischigh	eous)		9 7	late	re
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Name of Registered Waste	Hauler	NJDEP	Waste H	auter Cubic Yards of	Name of Registered Lan				
Best Remova		ID No.		Waste					
		1710)9	3 1/204	TITUTE THE	prises	.LL(3	
City, State				Disposal Date	City, State				
	,N.J. 076	01		4/28/15	Waynesburg ,	1.446	88		
Completed by	Title			Signature	مسمم	1 .446 Date	17),	5	
J.Maiorano	Estima			hactes licensure exempled),,,,,	1 1	11/	9	

CHECK # 1

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS AE FEMENT

Date of Notification (1) Name of Building Owner/Operator (2) Maria C. 04/15/2015 Agencies Notified Street Address Type of Notification 2015 APR 21 1:25 271-73 Smith Street. (X) EPA (X) Initial Notification City, State, Zip Code (X) NJDEP) Amended *TRO! (X) NJ DOL Amendment # & LICER Newark, NJ 07106 (X) DOH (X) Emergency (including Name of Contact Tel. Number) DCA iustification) Maria C. Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) Residence Street Address () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs. 271-73 Smith Street City (5) County (6) County Code (7) Sq. Feet: 3,000 Bldg. Age 80 # of Floors 3 (State Use Only) Newark Essex Current Use (if being demolished): abando Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. lutions, Inc. Industrial Safety & Environmental Street Address Street Address 3300 Hudson Avenue City State, ZipCode City, State, Zip Code Union City, NJ 07087 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number 01124 (201)325-0055 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) ISES, Inc. 04/16/2015 04/17/2015 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue Abatement Performed Outside of Normal Facility Hours -(X) Other - Describe: City, State, Zip Code Work area is located in unoccupied basement Union City, NJ 07087 Source of Work (Check all that apply)) Demolition (X) Renovation) Minor Project (< 25 SF or < 10 LF ACM) X) Full Containment with Negative ressure) Small Project (>25 <160 SF or >10 <260 LF ACM)) Mini-Enclosure (X) Large Project (>160 SF or > 260 LF ACM (X) Glove-bag Procedure) Non-Exempted (*) and Non-Fr le Procedure Is Location Normally Used Location of Asbestos-Description of ACM Amou Abatement Type Containing Material (ACM) Solely by Maintenance or (i.e. thermal systems insulation, surfacing, (Specify Custodial Staff? (12) VAT, or other miscellaneous.) To be Abated in Facility (13) or LF Enclosure Remova Repair YES N/A NO ~ 170LF TSI Insulation on pipe X Basement Mechanical System X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of g. Landfill IESI BI HLEHEM LANDFILL 5 NEWARK CARTING 04509 City, State Disp. Date City, Sta 369 Raymond Blvd., Newark, NJ 07105 04/16/2015 HEM, PA 18015 **BETHI** Completed by (Print or Type) Title Signature Date 115 David Camacho Project Supervisor 04/15/

STATE OF	NEW J	ERSEY D	EPARTMEN	T OF L	ABOR NOTIFICATION OF ASBE	STOS AE	ΓE	MENT	L 11	2R	>			
Date of Notification (1)					Name of Building Owner/Operator (2		ele# 11382							
04/08/2015					Rafael Botero		1	. (
Agencies Notified () EPA		of Notificat	Andrew No.		Street Address 330 Redwood Avenue	f	M 1: 2	36						
(X) NJDEP (X) NJ DOL	()	Amende Amendn	d nent #		City, State, Zip Code Paterson, NJ 07522	E LICE								
(X)DOH ()DCA	()	justificat Cancella	ntion		Name of Contact Rafael Botero		Tel. Number							
Name of Facility Where Abateme	ant is Tak	ing Place /3		ACILITY	Y INFORMATION Type of Facility (4)									
Residential Property	SIILIS I AK	illy Place (3	<u>)</u>		() School (K-12)									
Street Address 330 Redwood Avenue	9				() Subchapter 8 (other than K-1 (X) Other (i.e. private & commen).								
City (5) Paterson	County Passa		County Code (State Use C		Sq. Feet: 3,000 # of Floor	rs <u>2</u>	Bldg. Age <u>60</u>							
					Current Use (if being demolished):								
Name of Monitoring Firm Hired b	y Bldg. C	Owner (8)	ASCM No. N/A		Name of Contractor (9) Industrial Safety & Enviror	mental	lutions, Inc.							
Street Address					Street Address	IIIICIItai	l ludons, mc.							
N/A					3300 Hudson Avenue									
City, State, Zip Code N/A					City State, ZipCode Union City, NJ 07087									
Project Manager for Monitoring F	Firm Te	elephone Nu	ımber		Telephone Number (201)325-0055				ense N 1124	umber				
Scheduled Start Date (10) 04/09/2015	70.000	cheduled Co 4/10/201	mpletion Date	e (11)	Name of OSHA Monitor ISES, Inc.									
Occupancy Status During Abater	ment (Ch	eck only one	e)		Street Address					1				
() Facility Closed/Vacated Du() Abatement Performed Outs					3300 Hudson Avenue									
(X) Other - Describe:					City, State, Zip Code		1,000							
Work area in basement unoc	<u> </u>	iuring abat			Union City, NJ 07087		_							
Source of Work (Check all that a		() Demolition		(X) Renovation									
() Minor Project (< 25 SF (X) Small Project (>25 <1	60 SF o	r >10 <260	LF ACM)		(X) Full Containment with () Mini-Enclosure	(67)	e essure							
() Large Project (>160 Si	F OF > 26	50 LF ACIV	1		(X) Glove-bag Procedure () Non-Exempted (*) ar		е	Proced	ure					
Location of Asbestos-		cation Norm			Description of ACM	Amour	Ī			nt Type				
Containing Material (ACM) To be Abated in Facility (13)		ly by Mainte ustodial Staf		(I.e. 1	thermal systems insulation, surfacing, VAT, or other miscellaneous.)	(Specify or LF)	Ì	-		т	-			
404-504 (1990) (020 (19 Artis) (1904) (1904) (1904) (1904) (1904)	YES	NO	N/A					Removal	Repair	Encapsulate	Enclosure			
								oval	air	ulate	sure			
Basement			X	TSI Pi	pe Insulation	~ 90 L. F								
2						-								
Name of Reg. Waste Hauler NEWARK CARTING		NJDEP 04509	Waste Hauler	r ID#	Cubic Yards of Waste	Name of IESI BE								
City, State				Disp.	Date /	City, Sta		65-0		70.2:				
369 Raymond Blvd., New		07105			4/10/2015 BETHL EM, PA 18015									
Completed by (Print or Type)	Title			Signa	ture ()	<u>Date</u>								

Project Supervisor

David Camacho